

INTERNATIONAL SYMPOSIUM ON VISUALLY HANDICAPPED
INFANTS AND YOUNG CHILDREN



PROGRAM
AND
ABSTRACTS

INTERNATIONAL YEAR OF
DISABLED PERSONS 1981

Shefayim, Israel, June 14—19, 1981

HV1596.2

.I57

1981



Digitized by the Internet Archive
in 2014

<https://archive.org/details/internationalsym00unse>

**INTERNATIONAL SYMPOSIUM ON VISUALLY HANDICAPPED
INFANTS AND YOUNG CHILDREN**

**PROGRAM
AND
ABSTRACTS**

**INTERNATIONAL YEAR OF
DISABLED PERSONS 1981**

Shefayim, Israel, June 14—19, 1981

CONTENTS

	Page
SPONSORS AND INTERNATIONAL CO-SPONSORS	5
INTERNATIONAL ADVISORY COUNCIL	6
UNITED STATES PROGRAM PLANNING COMMITTEE	6
ISRAEL LOCAL ORGANIZING COMMITTEE	6
PUBLICITY COMMITTEE	6
GENERAL INFORMATION	7
SYMPOSIUM CALENDER	11
PROGRAM	13
ABSTRACTS	
AUTHORS' INDEX	

SPONSORS

International Institute for Visually Impaired, 0-7, Inc.
Israel Society for Rehabilitation of the Disabled
Rehabilitation International

INTERNATIONAL CO-SPONSORS

University Center of International Rehabilitation (U.S.A.)
Foundation for the Junior Blind (U.S.A.)
Standard Research Inc. (U.S.A.)
Migdal-Or Rehabilitation Center (Israel)
Close Encounters, Inc. (U.S.A.)
San Francisco Lighthouse for the Blind (U.S.A.)
United World Mission (Korea)
Helen Keller International (U.S.A.)
De Wijnberg Institute for Visually Handicapped Children (Netherlands)
Ministry of Basic Education (Kenya)
St. Lucy's School (Australia)
Alaska Blind/Visually Impaired Programs (U.S.A.)
J.F.K. Child Development Center — University of Colorado (U.S.A.)
Variety Club Blind Babies Foundation (U.S.A.)
American Foundation for the Blind (U.S.A.)
Yokahama Christian School for the Blind (Japan)
National Association for the Blind (India)
University of California, San Francisco (U.S.A.)
Blind Children's Center (U.S.A.)
American Printing House for the Blind (U.S.A.)
Instituto Nacional para Rehabilitación de Niños Ciegos y Débiles Visuales (Mexico)
Royal New Zealand Foundation for the Blind (New Zealand)
Centro David Chiossone — Consiglio Nazionale (Italy)
Michigan School for the Blind (U.S.A.)
Perkins School for the Blind (U.S.A.)
Mississippi School for the Blind (U.S.A.)

INTERNATIONAL ADVISORY COUNCIL

Suresh C. Ahuja (India)
Nicholas Anastasiow (U.S.A.)
Loyal E. Apple (U.S.A.)
Jane Brodie (U.S.A.)
Alexander Britton (U.S.A.)
Nancy Bryant (U.S.A.)
Calvin D. Catterall (U.S.A.)
Emanuel Chigier (Israel)
Susana Crespo (Argentina)
Jacqueline A. DeNike (U.S.A.)
P. John Ebenezer (India)
Barrie G. Flitcroft (Korea)
Antonia Garcia M. (Mexico)
G.F. Gibbs (New Zealand)
Carol Halliday (Switzerland)
Philip Hatlen (U.S.A.)
Sara Hutchinson (Canada)
Creig Hoyt (U.S.A.)
Massimo Ignazio Campo (Italy)

Sadako Imamura (Japan)
I. Skov Jorgensen (Denmark)
Leslie Key (New Zealand)
Risha Krakower (Israel)
Kurt Kristensen (Denmark)
Kevin Lessard (U.S.A.)
Berthold Lowenfeld (U.S.A.)
Toni C. Marcy (U.S.A.)
Carson Y. Nolan (U.S.A.)
George Ondieki (Kenya)
Harold G. Roberts (U.S.A.)
Thomas Ryan (U.S.A.)
Marsha Shearer (U.S.A.)
Susan Spungin (U.S.A.)
Jan Stanford (Australia)
Willem Tas (Netherlands)
Josephine Taylor (U.S.A.)
David Warren (U.S.A.)
Frances W. Wiesenfeld (Indonesia)
Alfred Yarnott (U.S.A.)

UNITED STATES PROGRAM PLANNING COMMITTEE

Donna Heiner (Chairperson)
Jane Scandary (Co-Chairperson)
Mary Ann Adams
Nancy Akeson
Natalie Barraga
Sheri Bortner-Moore
Chana Catz
Emanuel Chigier
Perna Hart
William Heisler
Wilma Hull
Mary Keefe

Sharona Komem
Jane Kronheim
Kevin Lessard
Irna Marshall
Pauline Moor
Ruth Olsen
Sherry Raynor
Marguerite Smith
Susan Spungin
Kenneth Stuckey
Julie Urban

ISRAEL LOCAL ORGANIZING COMMITTEE

Emanuel Chigier (Chairperson)
Ofra Bengio
Eli Cohen
Nathan Dickstein
Shoshana Gefen
Ilana Goldfarb
Chana Israel

Hannah Kadmon
Risha Krakower
Cyril Legum
Edna Medalia
Battia Scharf
Yehuda Schiff
Shmuel Siegel

PUBLICITY COMMITTEE — U.S.A.

Sheri Bortner-Moore
William Heisler
Jane Kronheim
Kevin Lessard
Susan Spungin
Kenneth Stuckey
Julie Urban

SECRETARIAT:
PELTOURS LTD.
P.O. Box 394
Tel Aviv 61003
Israel

GENERAL INFORMATION

LOCATION:

Guest House Shefayim, Congress and Convention Center, Telephone: 052-70171
052-70612

DESKS:

The Registration, Information and Travel desks will be open for your convenience as follows:

SUNDAY, June 14, 1981	16.00—21.00
MONDAY, June 15, 1981	08.00—16.00

and during Symposium hours throughout the week.

BADGE:

Upon registration you received your personal envelope containing, among other material, your name badge. You are kindly requested to wear your badge when attending Symposium sessions and social events.

MAIL / MESSAGES / MEDICAL ASSISTANCE / LOST AND FOUND:

Please apply to the Information Desk.

ATTENDANCE CERTIFICATES:

Certificates are available at the Information Desk for participants who need proof of attendance for income tax or other purposes. Please show your receipt at the Information Desk when you request your attendance certificate.

LIST OF PARTICIPANTS:

A list of participants who registered prior to the Symposium is displayed on the bulletin board. Please amend/correct/add your name, address and hotel to the list. Messages can be placed on the bulletin board.

PUBLIC TELEPHONES:

There are public telephones located on the reception level of the Guest House on the way to the dining room. Telephone tokens are available at the Information Desk.

BANKING:

The Symposium folder is presented to the participants with courtesy of Bank Hapoalim B.M. A representative of Bank Hapoalim will be happy to give further information on the various investment opportunities with the Bank.

Please complete the coupon attached to the folder and leave it at the Information Desk. The Bank representative will get in touch with you.

Facilities for exchanging foreign currency will be available at the reception desk of the Guest House at prevailing exchange rates.

MEALS:

Arrangements have been made with the Guest House to provide the following meals to participants at a special price of U.S.\$8.— per meal.

SUNDAY EVENING

MONDAY EVENING

TUESDAY EVENING

WEDNESDAY NOON

Tickets for these meals can be purchased at the Information Desk.

BAR AND CAFETERIA:

This will be open daily for light snacks and drinks during the day and late evening.

SWIMMING POOL:

Special arrangements have been made for the pool to be open for all Symposium participants and guests until approx. 20.00 hrs. daily.

SIGHTSEEING OF THE KIBBUTZ:

Two guided sightseeing trips of the Kibbutz, have been specially arranged for Symposium guests as follows:

SUNDAY, June 14 — 17.30 hrs.

WEDNESDAY, June 17 — 15.30 hrs.

SHOPPING HOURS:

Generally, stores in Israel are open as follows:

SUNDAY — THURSDAY 08.30 — 13.00 and 16.00 — 19.00 hours

FRIDAY 08.30 — 14.00 hours

SATURDAY closed all day

TRANSPORTATION

Daily transportation to Tel Aviv and return has been arranged by Shefayim guest House, as follows:

Shefayim to Tel Aviv	* Tel Aviv to Shefayim
09.30	13.00
15.30	18.30
20.00	23.00

Registration for the above service MUST be made at the Symposium Information Desk not later than 08.00 hrs. every morning or 2 hours before each departure time.

* Departing from parking ground of Mann Auditorium (Heichal Hatarbut) near Habima Small Hall entrance.

In addition to the above, there is the regular Egged Bus No. 601 going to Tel Aviv, to the Central Bus Station every 20 minutes until 23.00 hours, at the present price of approximately 9.00 Shekel (\$1.—)

EXHIBITION:

An exhibition of scientific books will be displayed on **TUESDAY, JUNE 16** by:
L. WERBER, Scientific Books Agency, Ramat Aviv, 35, Tagor Street, Tel Aviv 61393

BOOK OF SELECTED PROCEEDINGS:

Negotiations are in hand about publishing a book of selected proceedings. Those interested please write to: —

Ms. Donna HEINER,
International Institute for Visually Impaired,
1975 Rutgers Circle,
East Lansing, Michigan 48823,
U.S.A.

N O T E

All speakers are kindly requested to hand in two copies of the **full paper** to the Symposium Secretariat.

ACCOMPANYING PERSONS PROGRAM:

SUNDAY, June 14

21.00 hours Informal Get-Together

MONDAY, JUNE 15

10.30 hours Opening Ceremony

TUESDAY, June 16

21.00 hours Folklore Program

WEDNESDAY, June 17

08.00 hours Visiting Institutions in either Jerusalem, Haifa, Tel Aviv and Natanya
or
at leisure for sightseeing independently in these Cities

17.00 hours Visit to Beth Hatefutsoth, Museum of the Jewish Diaspora,
Tel Aviv University Campus

THURSDAY, June 18

21.00 hours Gala Dinner

FRIDAY, June 19

11.00 hours Closing Plenary Session

TRAVEL AND ACCOMMODATION:

Peltours, the official Travel Agent of the Symposium, will operate a Tourist and Travel Information Desk. Participants requiring additional hotel accommodation, touring by regular motorcoach or by guide/chauffeur limousine, domestic flights, car hire, etc. should apply to the Travel Desk at their earliest convenience to make the necessary arrangements.

RECONFIRMATION OF RETURN FLIGHTS:

Participants must reconfirm their return flights AT LEAST 72 HOURS prior to departure. Please apply to the Travel Desk at your earliest convenience.

AIRPORT TAX:

Departing passengers are required to pay a departure tax of 90.— Shekel (approximately \$ 10.00) at the airport (subject to change).

EL AL ISRAEL AIRLINES OFFICIAL CARRIER

32, Ben Yehuda Street, Tel Aviv

Telephone: (03) 299 333

SYMPOSIUM ORGANIZERS:

PELTOURS LTD.,
Congress Department,
28, Ahad Ha'am Street,
P.O.Box 394, Tel Aviv 61003, Israel
Telephone (03) 650862
Cables: PELTOURS TELAVIV
Telex: 33803 TLV

SYMPOSIUM CALENDAR

	SUNDAY June 14	MONDAY June 15	TUESDAY June 16	WEDNESDAY June 17	THURSDAY June 18	FRIDAY June 19
MORNING		08.00—17.00 Registration and Information 10.30—12.30 Opening Ceremony Hall 'A'	08.00—17.00 Registration and Information 09.15—10.15 Keynote Address Hall 'A' 10.45—12.30 Regional World Discussions Halls: 'A', 'B', 'C', 'D'	TOUR DAY 08.00—13.00 Jerusalem Haifa Tel Aviv & Netanya	08.00—17.00 Registration and Information 09.15—10.15 Keynote Address Hall 'A' 10.45—12.30 Discussion Groups	08.00—13.00 Information 09.00—11.00 Program Descriptions Hall 'A' 11.30—12.30 Closing Plenary Session Hall 'A'
AFTERNOON	16.00—21.00 Registration, Distribution of material & Information 17.00 Sightseeing of the Kibbutz	13.50—15.00 Regional World Reports Hall 'A' 15.30—17.00 Discussion Groups	13.30—15.00 Concurrent Sessions Halls: A(1), B(2), C(3), D(4), E(5) 15.30—17.00 Concurrent Sessions Halls: A(6), B(7), C(8), D(9), E(10) 17.00—19.00 Demonstration of Physical Education Program	15.30—16.30 Sightseeing of the Kibbutz 17.00—20.00 Visit to Beth Hatfusoth: Museum of the Jewish Diaspora	13.30—15.00 Concurrent Sessions Halls: A(11), B(12), C(13), D(14), E(15) 15.30—17.00 workshops Halls: 'B' & 'C' Poster Sessions: Halls: D(1, 2, 3, 4, 5), E(6, 7, 8, 9, 10)	
EVENING	21.00 Informal Get- Together	21.00 Cultural Program: "Life on the Kibbutz" Lecture and Movie Hall 'A'	21.00 Folklore Program: Israel Valley Dance Group Hall 'A'	20.30 Night swimming at the pool 21.00 Viewing of Films Halls: 'B' & 'C'	20.00 FAREWELL GALA DINNER at the Shetayim Guest House Dining room	

平 下 下 下

平 下 下 下

平 下 下 下

平 下 下 下

平 下 下 下

平 下 下 下

INTERNATIONAL SYMPOSIUM ON VISUALLY HANDICAPPED INFANTS AND YOUNG CHILDREN: BIRTH TO SEVEN

June 14—19, 1981, Shefayim, Israel

GENERAL PROGRAM

(All Sessions and events take place at the Shefayim Guest House, Congress and Convention Center — Kibbutz Shefayim, unless otherwise stated).

SUNDAY, JUNE 14, 1981

Arrivals

16.00 Registration and distribution of Symposium material

17.30 Sightseeing of the Kibbutz

21.00 Informal Get-together

Television Hall

MONDAY, JUNE 15, 1981

08.00 Registration (continued)

Hall A

10.30—12.30 OPENING CEREMONY

Chair: EMANUEL CHIGIER

National Secretary, Israel Society for Rehabilitation of the Disabled

GREETINGS:

Mrs. ALIZA BEGIN, Chairman, Israel Committee of the International Year for Disabled Persons

BARUCH MODAN, Director General, Ministry of Health

YEHUDA SCHIFF, Director, Rehabilitation Services Administration,
Ministry of Labor and Welfare

SHERRY RAYNOR, President, International Institute for Visually Impaired,
0-7 Inc.

SHAUL MERIN, Chairman, The Israel Ophthalmological Society

HANNAH KADMON, National Supervisor, Education of the Blind
and Visually Impaired, Ministry of Education and Culture

KEYNOTE ADDRESS:

"In the beginning . . . The Family"

CYRIL LEGUM, Tel Aviv, Israel

Introduced by SHERRY RAYNOR, Watertown, MA., U.S.A.

12.30—13.30 Lunch break

- 13.30—15.00 **REGIONAL WORLD REPORTS:** **Hall A**
- Chair: HAROLD G. ROBERTS, New York, N.Y., U.S.A.
- Africa
- Europe
- Far East
- Latin America
- Middle East
- North America
- Oceania
- 15.00—15.30 Coffee break
- 15.30—17.00 **DISCUSSION GROUPS**
- Discussion Leaders:
- MASSIMO CAMPO, Corso Armellini, Italy **Hall B**
- KEVIN LESSARD, Watertown, MA., U.S.A. **Hall C**
- JOSEPHINE TAYLOR, Washington, D.C., U.S.A. **Hall D**
- NATHAN DICKSTEIN, Jerusalem, Israel **Hall E**
- MARIE CRISP, North Balwyn, Vic., Australia
- MARY KEEFE, Boston, MA., U.S.A. (alternate)
- 21.00 Cultural Program: "Life on the Kibbutz" — a lecture and a movie **Hall A**

TUESDAY, JUNE 16, 1981

- 09.15—10.15 **KEYNOTE ADDRESS:** **Hall A**
- "In the Beginning . . . The Child"
- WOLFGANG STEIN, Bensheim, West Germany
- Introduced by DONNA HEINER, East Lansing, MI., U.S.A.
- 10.15—10.45 Coffee break
- 10.45—12.30 **REGIONAL WORLD DISCUSSIONS**
- America **Hall A**
- Europe **Hall B**
- Africa and Asia **Hall C**
- Oceania **Hall D**
- 12.30—13.30 Lunch break

1. PARENTS AND THE HOME

Hall A

Chair: JAN STANFORD, North Luramurra, Australia

Identification and Assessment of Family and Child's Needs

SAM CAMPBELL, Freetown, Sierra Leone Africa

Family Guidance and its Implications

WILLEM TAS, Grave, Netherlands

Identification and Assessment of Child and Family Needs

D. EDWARD and ALAMOO JONATHAN, Tamil Nadu, India

The Parent as Primary Therapist and Rehabilitation Expert

M. VERONICA GILLIGAN, Syracuse, N.Y., U.S.A.

2. SOCIO-EMOTIONAL ASPECTS

Hall B

Chair: WILMA HULL, Lexington, MA., U.S.A.

Vulnerable Periods in Development

DORIS WILLS, London, England

**Shattered Pre-Birth Dreams and the Parental Impact on the
Socio-Emotional Development of the Infant**

BEVERLY WARE, Los Altos, CA., U.S.A.

Intervention After Birth

SANDRA BUTCHER, Boston, MA., U.S.A.

3. USE OF SENSES AND THE MOTOR SYSTEM

Hall C

Chair: EDNA MEDALIA, Tel Aviv, Israel

Specific Auditory Enrichment Program for Congenitally Blind Infants

MARCELLA SCHWARTZ, Carlton, Vic., Australia

Facilitating Gross Motor Development in Blind Infants and Children

VERNA HART, Pittsburgh, PA., U.S.A.

**Motor Development in Visually Disabled Children: Identification of
Constraints and Principles of Remediation**

PATRICIA SONKSEN, London, England

Hall D

4. LANGUAGE AND INTELLECTUAL DEVELOPMENT

Chair: NICHOLAS ANASTASIOU, Denver, CO., U.S.A.

Sound and Sense: Semantic Development in the Language of Young Blind Children

SALLY ROGOW, Vancouver, B.C., Canada

Language in Unsighted Children

ESTER CIVELLI, Trento, Italy

Communication and Language Development in the Young Blind Child

CATHY URWIN, Coventry, England

5. VISUAL DEVELOPMENT

Hall E

Chair: PAMELA CORY, Marburglahn, West Germany

Visual Development and Learning

NATALIE BARRAGA, Austin, TX., U.S.A.

Strabismus

MIRRIAM DLAMINI, Sprinzfield, Swaziland, Africa

15.00—15.30 Coffee break

15.30—17.00 CONCURRENT SESSIONS

6. ASSESSMENT

Hall A

Chair: MICHAEL EDWARDS, Manurewa, New Zealand

Developmental Rehabilitation of Blind Children with Multiple Handicaps

THEODOR HELLBRUGGE, Munich, West Germany

Educational Assessment of Partially Sighted Infants and Preschool Children

BATTIA SCHARF, Ra'anana, Israel

Methods of Detecting Developmental Delays

NICHOLAS ANASTASIOU, BRIAN MCNULTY, CAROL PUCHALSKI,
Denver, CO., U.S.A.

7. MEDICAL ASPECTS

Hall B

Chair: EMANUEL CHIGIER, Tel Aviv, Israel

Causes of Blindness of Children in Finland

MUSTONEN RAINE, Helsinki, Finland

Cortical Blindness in Children

I. NAWRATZKI and S. RONEN, Jerusalem, Israel

Perinatal Aspects of Neonatal Blindness

ALEX SCHOENFELD, Petah Tiqva, Israel

Ocular Involvement in the Preschool Deaf Child

ARIE SOLOMON, V. GODEL, M. LAZAR, P. NEMET, Tel Aviv, Israel

8. RESEARCH ON VISUALLY HANDICAPPED YOUNG CHILDREN

Hall C

Chair: ED STRELOW, San Francisco, CA., U.S.A.

Assessment and Remediation of Piagetian Reasoning in Congenitally Blind Children

BETH STEPHENS, Richardson, TX., U.S.A.

Visual Development in the Blind

IRENE NEILSON, Glasgow, Scotland

Relevant Sociological Aspects for the Identification and Determination of the Needs of the Blind Child and his Parents

YOLANDA PENERINI, Buenos Aires, Argentina (alternate)

9. EDUCATIONAL TECHNIQUES

Hall D

Chair: MARGARET BULL, Burwood, Australia

Genesis and Therapy of Tics

MATTHIAS ZESCHNITZ, Wurzburg, West Germany

Methods for the Estimulation of Blind Babies

ANA MARIA DE FOINDELLA, Buenos Aires, Argentina

Developing Functional Play Skills in Low Vision Preschool Children

SANDRA PARSONS, Austin, TX., U.S.A. (alternate)

10. TEACHER TRAINING

Hall E

Chair: LARRY GEFFEN, Ypsilanti, MI., U.S.A.

Curriculum Development and Teacher Training
DENA GRUMMAN, Daytona Beach, FLA., U.S.A.

Preparing Teachers of the Visually Impaired to Assess the Functional Vision of Infants and Young Children
LINDA ROESSING, Walnut Creek, CA., U.S.A.

Unibadan Programs for Teachers of the Blind
PETER MBA, Ibadan, Nigeria, Africa

17.00—19.00 **Demonstration of Physical Education Programs for Visually Handicapped Children**
EDNA MEDALIA, Tel Aviv, Israel

21.00 Folklore Program: "Israel Valley" Dance Group

Hall A

WEDNESDAY, JUNE 17, 1981 — TOUR DAY

03.00 **JERUSALEM:** Viewer's Carousel Program

VISIT A **The Jerusalem Community Center for Child and Family Developmental Rehabilitation**
The Program will include:

1. Demonstrations

Reading Lesson on CCTV
Physical Therapy
Mobility and Orientation: Pre-cane and cane skills
Ceramics Lesson
Didactic Lesson

2. Discussions

Services provided by **The Jerusalem Institute for the Prevention of Blindness**

Services provided by **The Jerusalem Center for Counselling and Vision Rehabilitation of Children** (Low Vision Aids)

The new unit for blind and low vision children within
The Jerusalem Community Center for Child and Family Developmental Rehabilitation: Prospective Plans
Co-ordinator: ILANA GOLDFARB, Jerusalem, Israel

VISIT B

HAIFA: Visit to **Channah Khoushi Child Development Center**
(Rothchild University Hospital)

Program includes: Observation of Assessments, individual and group instructional activities and observation of regular kindergarten
Co-ordinator: SHMUEL SIEGEL, Haifa, Israel

VISIT C

TEL AVIV & NATANYA: A visit to Elementary schools in which blind and partially sighted pupils are fully integrated:

1. **Henrietta Szold Ledugma School**, Tel Aviv
2. **Tachkemoni School**, Natanya

Co-ordinator: SHOSHANA GEFEN

14.00 Lunch break — Kibbutz Shefayim

15.30 Sightseeing of the Kibbutz

17.00 Visit to Beth Hatefutsoth, Museum of the Jewish Diaspora
University Campus, Tel Aviv

20.30 Night swimming at the pool

21.00 Viewing of films

Hall B

1. **The Reynell-Zinkin Scale:** PATRICIA SONKSEN, London, England
2. **Integration in a Montessori Preschool in Germany:**
THEODOR HELLBRUGGE, Munich, West Germany

Hall C

3. **A Learning for Living Program:** EILEEN AITKEN, Edinburgh, Scotland
4. **A Blind Child and a Sighted Child:**
EDNA ADELSON, Ann Arbor, MI., U.S.A.
5. **Growing Up Without Sight:** Nursery School for the Blind
Hampstead, England
6. **Seeing is Believing:** Visualtek, CA., U.S.A.

THURSDAY, JUNE 18, 1981

09.00—10.15 **KEYNOTE ADDRESS:**

Hall A

"In the Beginning ... The Support Services"

KURT KRISTENSEN, Arden, Denmark

Introduced by EMANUEL CHIGIER, Tel Aviv, Israel

10.15—10.45 Coffee break

10.45—12.30

DISCUSSION GROUPS

Discussion Leaders:

MASSIMO CAMPO, Corso Armelli, Italy
KEVIN LESSARD, Watertown, MA., U.S.A.
JOSEPHINE TAYLOR, Washington, D.C., U.S.A.
NATHAN DICKSTEIN, Jerusalem, Israel
MARIE CRISP, North Bawyn, VIC., Australia
MARY KEEFE, Boston, MA., U.S.A.

Hall B

Hall C

Hall D

Hall E

12.30—13.30

Lunch break

13.30—15.00

CONCURRENT SESSIONS

11. TECHNOLOGICAL AIDS

Hall A

Chair: SHERI BORTNER-MOORE, Louisville, KY., U.S.A.

Sensory Aids Used by Blind Children

LESLIE and NORA KAY, Christchurch, New Zealand

Perceptual Learning in the Use of Electronic Spatial Sensors by Blind Children and Infants

E. STRELOW and D.H. WARREN, Riverside, CA., U.S.A.

12. EDUCATIONAL OPTIONS

Hall B

Chair: CAROL HALLIDAY, Zurich, Switzerland

Educational Placement for Handicapped Children

CHIKAO SATO and YOSHINORI YAMADA, Tokyo, Japan

Preschool Guidance and Integrated Education in an Isolated Caribbean Island Setting

ROLY SINT JAGO, Aruba, Netherlands Antilles

The Social and Emotional Development of Young Visually Handicapped Children with Additional Handicaps

GWENDOLINE HOWSE, Leamington, Warwickshire, England

Family and Community Resources

MARGARET BULL, Burwood, Australia

Hall C

13. FAMILY AND COMMUNITY SUPPORT SYSTEMS

Chair: IRNA MARSHALL, Seattle, WA., U.S.A.

Process and Product: The Development of a Pilot Program of Services for the Visually Handicapped of Indonesia

LARRY CAMPBELL and FRANCES WIESENFELD, New York, N.Y.,
U.S.A.

14. THE ROLE OF PARENTS

Hall D

Chair: SHARONA KOMEM, Jerusalem, Israel

Parent's Viewpoint

MARY ANN ADAMS, Medford, MA., U.S.A.

Why the Need for a Parent Support Group?

GRETCHEN SMITH, Franklin, LA., U.S.A.

Involvement of Parents

MICHAEL MANSFELD, Haifa, Israel

Prevention and Treatment of Mannerisms in Blind Infants and Young Children — A Mother's Retrospective Study

INGEBORG DÜRRE, Bad Schonborn, West Germany (alternate)

15. SPECIAL SUPPORT SERVICES

Hall E

Chair: JANE SCANDARY, Lansing, MI., U.S.A.

Handling Instructions as a Specific Guidance in the Motor Development of the Blind Infant

PAUL HELDERS, Utrecht, Netherlands

Teaching Orientation and Mobility Skills to Preschool Children in the United States

MARK USLAN, New York, N.Y., U.S.A.

Royal National Institute for the Blind Education Advisory and Parent Counselling Service

E. MARIANNE EUSTIS, Whitchurch, Cardiff, England

Center for Counselling and Visual Rehabilitation of Children with Low Vision

YEHUDA STOLLMAN, Jerusalem, Israel

15.00—15.30 Coffee break

15.30—17.00 **WORKSHOPS & POSTER SESSIONS**
WORKSHOPS

Hall B

**Development and Demonstration of Didactic Materials
for Visual Training and Sensory and Concept Development**
RISHA KRAKOWER, Bnei Brak, Israel

Hall C

A Theoretical Model of Visual Development
ANNE CORN, Austin, TX., U.S.A.

15.30—17.00 **POSTER SESSIONS**

Co-ordinator: CAROL ROTTMAN, Okemos, MI., U.S.A.

Hall D

1. **Sonic Guide**
LESLIE KAY, Christchurch, New Zealand
2. **Early Skill Development**
AL YARNOTT, Fairbault, MN., U.S.A.
3. **Informal Low Vision Assessment Teaching Research**
DENISE TAYLOR-HERSHEL, Monmouth, OR., U.S.A.
4. **Art Ideas for the Visually Impaired**
BETTY DOMINGUEZ, Albuquerque, NM., U.S.A.
5. **A Program for the Deaf and Blind Child**
PAMELA AMBER, Redmond, WA., U.S.A.

Hall E

6. **Visual Functioning and Development: Materials and Activities**
BETTY PURCELL and R. OLIVERI, Austin, TX., U.S.A.
7. **SHERI BORTNER-MOORE**
8. **The Development of a Multisensory Communication System
for Visually Handicapped Children with Severe Auditory Impairments**
MARY MOLACAVAGE and JILL BOXERMAN, San Francisco, CA., U.S.A.
9. **Early Rehabilitation of Children with Visual Impairments in Mexico**
ANTONIA GARCIA M., Mexico City, Mexico
10. **Early Education of Blind Children in a Rural Area**
JAMES W. MANN, Jackson, MS., U.S.A.

20.00

GALA DINNER

FRIDAY, JUNE 19, 1981

09.00—11.00 **PROGRAM DESCRIPTIONS**

Hall A

Chair: JANE SCANDARY, Lansing, MI., U.S.A.

**The Role of Interdisciplinary Co-operation in a Counselling Service
for Parents of Visually Handicapped Children in Strathclyde Scotland**
MARIANNE BULTGNES, Glasgow, Scotland

Mediative Early Intervention

MATTHIAS ZESCHNITZ, Wurzburg, West Germany

**Learning to Cope and Grow: Developmental Infant Program
in the Home and Hospital**

FRIEDA SPIVACK, Brooklyn, N.Y., U.S.A.

Programming for Visually Impaired Children in Israel

HANNAH KADMON, Tel Aviv, Israel

**An Italian Project for a Center of Early Intervention on Visually Handicapped
Children and Families**

MASSIMO CAMPO, Corso Armellini, Italy

**Early Childhood Education and Support for Visually Impaired Children
(0—6 years) and their Families in Belgium**

ELAINE BONAMIE, Brugge, Belgium

Problems of Visually Handicapped Children in Austria

MARIA RAUCH, Vienna, Austria

11.00—11.30 Coffee break

11.30 **CLOSING PLENARY SESSION**

Hall A

Chair: SHMUEL SIEGEL, Haifa, Israel

SYMPOSIUM SUMMARY

SHERRY RAYNOR, Watertown, MA., U.S.A.

FAREWELL REMARKS

EMANUEL CHIGIER, Tel Aviv, Israel

ABSTRACTS

WHAT IT'S LIKE TO BE THE PARENT OF A VISUALLY
HANDICAPPED CHILD!!

Mary Ann Adams
Medford, Massachusetts, US.A.

1. Birth -
Prognosis - feelings - coping - getting help
2. Medical -
Attitudes - treatment
3. Schooling -
Hassles - mounds of paper work - fighting to
find right programs
4. Home Life -
Stresses on Mother, Father, Other Children,
Friends and Relatives

A "LEARNING FOR LIVING" PROGRAMME, DESIGNED AS A FIRST STEP IN EDUCATION FOR VISUALLY IMPAIRED CHILDREN WITH ADDITIONAL HANDICAPS IN THE MUIRBURN LODGE UNIT OF THE ROYAL BLIND SCHOOL, EDINBURGH, SCOTLAND.

The Staff, Muirburn Lodge, Royal Blind School, Edinburgh, Scotland.

EILEEN AITKEN

At present we are scripting a video (of approximately 20-30 minutes) for submission to the Conference. The objectives and methods we will be illustrating are summarised as follows:-
Relaxation, happiness and togetherness are three main themes in this unit. We are a family - an extension of the child's own - within which and from which his daily living skills, school, play and specialist help naturally take place. Parents co-operate in offering scope, challenge, fun and consistency and, in turn, welcome the support of the unit in times of stress.

Referrals are made because of the children's isolation and bewilderment. Close and warm relationships are therefore vital as a foundation for developmental progress - these we aim to provide in the unit. Outside professionals involved are hospital specialists who arrange regular check-ups, assessment, and treatment. Our own General Practitioner, School Ophthalmologist and parent counsellor act as liason officers. Psychologists, social workers, physios, speech therapists and a peripatetic teacher of the deaf visit the unit regularly, observing, discussing and offering guidance.

A well balanced time table provides the structure within which diversification takes place. First hand experience, be it in the classroom or outside, offers the basis of communication at every level. The beginnings of language and conversation flourish in this setting. Nursery school methods are employed to facilitate the development of self-help skills and build up confidence.

The house, classrooms and garden provide early experiences of an exciting and challenging environment. Links with the main school extend these opportunities, allowing for wider social interchange and greater challenges, as in the use of the gymnasium, swimming pool and adventure playground, not to mention the hazards of a large Victorian building. As new needs are observed, so the staff supply the children's growing demand seeking out new experiences from our many outings - in country

expeditions, exploring a farm, in a shopping centre, at the seaside or during the annual holiday camp.

Since it is possible to overlook a special need in a child's development, we recognise the value of research and its application for consultation, guidance and checking. Findings are absorbed discreetly into the children's daily living situation. But it is in the togetherness of children and staff alike - house staff, teachers and domestics - that we see the most precious contribution of all. After all, no man is an island. We all need each other.

Title:

A PROGRAM FOR THE DEAF AND BLIND CHILD

Name of author, institution, city, country:

Pamela Amber

Teacher of Deaf/Blind Project I

Shoreline School District

Seattle, state of Washington; United States

Abstract:

If there is one statement that can be said about the deaf/blind population; it is that this is a highly diverse group in which each person requires a unique approach to facilitate maximum independence. A presentation of a program for deaf and blind children for purposes of raising the awareness level on the special needs of visually and auditorially handicapped children. Presentation will focus on intervention and adaptation for this population. Entrance criterion and funding will be discussed, as well as the definition of deaf and blind. A brief historical perspective of the development of education for deaf and blind individuals will be presented. An attempt will be made to present a realistic classroom setting, based on funding available and resources. Will focus on methodologies and techniques employed in the classroom. Some methodologies discussed will be; total communication, co-active movement, sighted guide, Piagetian play structure, mobility orientation, hydro therapy. Many of these methods are applicable to a visually impaired child. Functional activities and appropriate materials will be discussed. Classroom management will be presented. The structure of the classroom will be emphasized; staff/student ratio, physical environment and creative use of resources. The pre-vocational prognosis for these children will be discussed. Evaluation and assessment procedures will be demonstrated. The operation of a senior citizen program will be shared, in relation to the affective development of the students. A developmental approach will be emphasized.

Abstract:

Student objectives, task analysis and a data based system for making educational decisions will be demonstrated. All developmental areas will be addressed. A case study of the development of one Reubella, deaf/blind child will be offered through the medium of slides, covering four years of milestone developments. Mental age of child is between nine months and two and a half years. Slide presentation will show all developmental areas, program instruction, physical skills program and environmental factors. A question and answer period will follow presentation, time permitting. The object of this presentation is to share an experienced, successful educational program for children with combination impairments for consideration of the development of programs in those areas where children have been or will be identified as needing special educational environments due to visual and auditory deficits; to share programs, services, educational developments in the state of Washington. Presentation will be complete with pre and post tests (if desired), contact sheet, assessment device, goal statement, hand-out of presentation in its entirety, and bibliography of literature available in this field.

MEDICAL AND PSYCHOLOGICAL ASSESSMENTS: A METHOD OF DETECTING DEVELOPMENTAL DELAYS THROUGH A BABY PHOTO ALBUM

Nicholas J. Anastasiow, University of Colorado Health
Sciences Center, Denver, Colorado, USA

Brian McNulty, Colorado Department of Special Education
Denver, Colorado, USA-- AND SEE NEXT PAGE--

In spite of sophisticated tools for identifying children with handicapping conditions at early ages, large numbers of the world's handicapped children are not being detected until they are of school age. Efforts such as Child Find in the United States have not been sufficient to locate children who could immeasurably profit from early identification, diagnosis and treatment.

To attempt to reduce the number of unidentified children below the age of six further, Colorado State Department of Special Education awarded a grant to develop a simple device that lower socioeconomic caregivers could use in the home to alert the caregivers of potential developmental delays or disabilities in their young infant and child. The decision was made to develop the instrument in the form of a baby picture album which the mother would be given at the time of her hospitalization. The book would contain photographs of babies displaying developmental accomplishments in gross and fine motor, cognition, language, social and self-help skills. A chart displaying times for physician check-ups and vaccinations is included at the back of the book. The format includes five pictures at each of the following ages: 4 months, 6 months, 9 months, 1 year, 1½ years, 2 years, 2½ years, 3 years and 4 years of age. Children photographed were from white, black, Oriental and Spanish surname, middle and lower socioeconomic classes. Each developmental skill photographically portrayed is at a point where 95% of normal children would have achieved the skill. Fifty developmental scales were drawn upon to select the items, and parents, as well as national expert consultations, were sought from the fields of vision, hearing, physical and occupational therapy, and

MEDICAL AND PSYCHOLOGICAL ASSESSMENTS: A METHOD OF
DETECTING DEVELOPMENTAL DELAYS THROUGH A BABY PHOTO ALBUM

Nicholas J. Anastasiow

Brian McNulty

Carol Puchalski, John F. Kennedy Child Development Center
Denver, Colorado, USA

Continuation.....

child development. The scale can be used by field workers with illiterate parents as the pictures can be interpreted without words. Wide scale use in a Denver community hospital with lower social class white, black and Spanish surname parents will be discussed.

Visual Development and Learning: Birth to Seven Years

Natalie Barraga
The University of Texas at Austin
Austin, Texas, U.S.A.

In the past ten years evidence of visual functioning in the normal system has indicated that the capacity for development and learning and learning through the visual sense is much greater than was once thought. Although knowledge about the impaired system is still incomplete, enough is known to indicate that the visual system can be used effectively at an early age when looking and scanning behavior is stimulated and organized by the nurturing and caretaking adults.

A chronology of optical and perceptual skills had been organized to be compatible with knowledge about cognitive development. There are critical factors to be considered when selecting and presenting visual stimuli and in choosing appropriate activities to elicit looking, reaching, moving, and eventual manipulative behavior in young children. A recent project has resulted in publication of A PROGRAM TO DEVELOP EFFICIENCY IN VISUAL FUNCTIONING, designed to be useful with children at or above a mental age of three years. Preliminary activities for younger infants and toddlers have been detailed for use of parents and teachers.

Since the philosophy of medical and optometric specialists has changed, parents and teachers must assume the major responsibility for teaching young children to use their impaired vision to maximum so as to prevent some of the lags often seen in functional behavior and performance of tasks requiring vision such as reading and writing. We have the information--we know what to do--we know how to do it--let's be sure we are doing

doing it so that every low vision child can benefit to the limit of individual abilities.

INVOLVEMENT OF PARENTS - ELIYA: ISRAELI ASSOCIATION FOR THE
ADVANCEMENT OF VISUALLY IMPAIRED CHILDREN.

Ofra Bengio

In order to fill a void in the integration of visually impaired children into Israeli Society the above association was founded in February 1980. The unique aspect of the Association is the fact that it was initiated by and with the active participation of parents of such children. Now, with over three hundred members in Israel, the Association concentrates on disseminating information, holding meetings and organizing lectures. The Association, although relatively inexperienced, hopes by means of recognition - at a governmental and international level - to provide an "address" for the betterment and integration of families of and principally visually handicapped children from birth. We have experienced considerable difficulties of recognition by public bodies as well as hardships in actually drawing up a list of partially sighted children. We stress the role of the parent and hope by means of our organisation to help the parent of a visually handicapped child by means of informing them of their rights, of the services available and sharing experiences. We aim to help the child by helping the parents.

EARLY CHILDHOOD EDUCATION AND SUPPORT FOR VISUALLY IMPAIRED CHILDREN (0-6 YEAR) AND THEIR FAMILIES IN BELGIUM.

Eliane BONAMIE, Koninklijk Medisch Pedagogisch
Instituut Spermalie v.z.w., Brugge, Belgium

For about 8 years an early childhood education program for visually impaired children has been provided in Belgium.

The idea of the early childhood education originated from the institutes, which are evolving nowadays to "regional service centers".

The purpose is to provide an integrated early childhood education in the natural environment of the child. Central aim is to reassure parents and child educators that they still are the major guides for the education of their children.

Therefore a competent support by the early-childhood-education- team is essential.

The team consists of:

- an educator ("development-companion") who tries to stimulate the development of the child, together with the parents, during periodical home-visits (child-oriented).
- a social worker who tries to support the parents (parent-oriented).
- an ortho-pedagogue and doctor who follow and lead the program, and if necessary, take a direct and specialised participation (team-oriented).

If desirable, it is possible to appeal to advisory experts (e.g. a paramedical team etc.).

FAMILY AND COMMUNITY RESOURCES

Ms. Margaret Bull - Head of Early Childhood Development Department, Royal Victorian Institute for the Blind School, Melbourne, Victoria, Australia.

"Establishing and Maintaining Parents of Visually Impaired Children as the Primary Educators throughout the range of Early Childhood Development Department Services at R.V.I.B. School."

Introduction - The basic premise of all R.V.I.B. services is that the parents are the best care-givers and educators because of their unique investment in the achievement of their child's fullest potential. Parents are respected for their culture and child rearing methods, are participants in decision making and are actively involved in the educational program.

The Home Advisory Service provides a parallel counselling and education service to families of visually impaired children 0-3½ years regardless of other handicap. Counselling may continue throughout the child's schooling to accommodate repeated adjustments to the impact of the impairment on the entire family.

Home based services encourage parental awareness of the impact of their home environment on the child's use of residual vision and other learning modalities, and may lead to creativity and inventiveness in sensory stimulation, while balancing the needs of all family members.

On-site Playgroup has a geographic limitation of accessibility, as do all centralized services. Parents work with their child and teacher, who models observation skills, assessment of progress and child management. Skills which will support their child throughout his education are shared.

Parents meeting together are encouraged to establish their own support group and request new or modified services. Assertiveness skills will aid self growth, and assist advocacy

of their child to professionals, relatives, and the community.

On-site Pre-school groups allow special educators to provide individual attention in a small group, but with the advantages of local sighted childrens' contribution in speech patterns and socialization and in allowing the visually impaired child to be a helper.

Parent participation encourages realistic expectations and the need for compensatory learning techniques which may otherwise be rejected. Where the visually impaired child can cope with the local pre-school environment and continue to learn, both local teacher, parent, visually impaired child and other parents will benefit from visiting teacher support. Careful preparation for this educational experience can lead to success and hopefully lead on to regular school attendance. When another educational facility is more suitable, a consultancy service provides similar support to this centre.

Residential support must be an educational option. In a framework of general community acceptance of integration, parents must be supported in this decision where it provides the most suitable educational environment.

The parents are a necessary part of the teaching team as the objective in most cases is to re-establish the child within the home.

Conclusion : Parents provide a unique resource as educators throughout the life of their visually impaired child which is enhanced by professional support. Although not yet conclusive it appears that our existing attitudes and programs are more successfully supporting visually impaired children in their own families and communities.

INTERVENTION FOLLOWING BIRTH -- THE BEGINNING

Sandra Butcher
Boston Brigham and Woman's Hospital
Boston, USA

The presentation will focus on a description of the environment, care, experiences, and perceptions of a premature at risk RLF infant. Being born prematurely can seriously hamper the development of any infant, however, coupled with blindness, the implications are frightening. Included with be the steps taken by two nurses to improve the environment and manner of care of an infant, strengthening developmental abilities. This intervention was not seen as necessary by other medical personnel who weren't aware of the special needs of the blind child.

The perceptions of the personnel were similar to those of some parents. The child's withdrawn behavior was seen as acceptable because the child appears content when left alone and seemed to dislike human contact. This showed a failure by some to realize that, in fact, the baby had withdrawn due to previous traumatic experiences without additional positive reinforcement. The previous human interaction had been sporadic and sterile.

We recognized the need to teach and help the child to participate in her environment, particularly with other humans by providing pleasant and loving experiences so that adults in return would respond to her.

The other aspects to be considered are the experiences of the parents of the blind and ill child. Their reactions and how these affected their abilities to bond with the child. Recommendations will be made on how to support parents such as these and help them to successfully deal with the challenges set before them.

THE ROLE OF INTERDISCIPLINARY CO-OPERATION IN A COUNSELLING
SERVICE FOR PARENTS OF VISUALLY HANDICAPPED CHILDREN IN
STRATHCLYDE, SCOTLAND

Marianna Buultjens

Kelvin School for the Partially Sighted
Glasgow, Scotland

Strathclyde is an administrative region containing approximately half the population of Scotland (U.K.) in industrial, rural and island communities. A regional post of "Counsellor to Parents and Teachers of Visually Handicapped Children" was established by the Education Department in 1978. The writer in her work with the children and families has involved or co-operated with local-based professionals such as Medical Practitioners and Educational Psychologists. How this interdisciplinary co-operation works in practice will be illustrated by reference to current case studies of children under 7 years and the merits and demerits of such an approach will be highlighted.

Identification and Assessment of Family and Child's Needs

Sam F.B. Campbell
Milton Margai School for the Blind
Freetown, Sierra Leone

A programme for blind infants and young children should provide interaction between parent - teacher and child because the home is a natural setting for implementing education.

Some of the basic requirements to meet the visually handicapped child are: the need for parental involvement in preschool programmes; the need for a visiting teacher in helping to provide services for the blind child and parents; assessment of parent's inability to cope with the handicap child; attitude of some parents having a handicap child; taboos regarding the blind child; religious factors.

The child needs happiness, a concept which is notoriously difficult to define. The child needs an opportunity for full personal development, intellectually, aesthetically, socially, and spiritually. The child needs people who have a wide range of skills, creativity, and innovation. The blind child's talent must be found and nurtured although this is much easier to say than to do. The creation of equality of educational opportunity for the blind child, irrespective of their social class, tribe, and place of origin, is an ideal which has eluded most African countries. It can only be accomplished if those who have ready access to educational facilities are prepared to share their skills and resources to the less privileged blind in Africa.

AN ITALIAN PROJECT FOR A CENTER OF EARLY INTERVENTION ON
VISUALLY HANDICAPPED CHILDREN AND FAMILIES

Massimo Ignazio Campo

Centro Socio Assistenziale "David Chiossone"

Istituto Asilo Pei Ciechi

Genova, Italy

Our group has concluded a process of deinstitutionalization and total integration and mainstreaming in the region of Genoa, and has been now charged by National Council of Research with a new program of educational, psychological and social intervention on preschool children and families. The starting group is composed by psychologists, educators, social workers, rehabilitation workers. First motivation of the group was to prevent many damages (upon personality, psychomotor development, emotional development and autonomy) we noticed in many visually handicapped children we had met before. From the beginning we had the chance to realize that sanitary organization in Italy didn't allow us to be informed of the cases of blindness since their early stage. That was the reason why our first step was to provide an easy brochure to disseminate information among hospitals, nurseries and social services. In the preparation of this brochure, it was amazing to verify how many difficulties we found in gathering information about international experiences, researches and literature. Another big problem was the financial one, because of the lack of legislation in the field of early education and intervention on visually handicapped and consequently the difficulty of finding public funds for such an activity. Nevertheless, we succeeded in forming an itinerant team of educational and psychological specialists in order to meet the needs of children and families at their homes, but our next goal is to create a new residential center for preschool children and families to allow an intensive training (15 days) of life together with our equipe to introduce them to the first principles of education of visually handicapped.

Language in Unsighted Children

Ester Monti Civelli

Libera Università degli Studi di Trento
Trento, Italy

Verbal Language: At the early stages of development verbalisation in unsighted children is not very different from that of their sighted peers. Both manifest a Piaget type "egocentric language." Only later is it possible to note significant differences between unsighted and sighted children. Learning to speak is for the unsighted child essentially an intellectual exercise in order to adapt himself or herself to the surrounding world and experience his or her affective world.

Non Verbal Language: Interpersonal communication is not limited to verbal language even if, during the early stages of development, this form plays a special role. Both sighted and unsighted children tend to ritualise certain forms of behavior which however, in the case of unsighted children, do not seem to have the aim of communicating. This behavior is called "blindism" and expresses itself in rhythmic movements of the body. Smiling, which takes place in both sighted and unsighted children, is an elementary system of preverbal communication which contributes to laying the initial foundations for real language.

A THEORETICAL MODEL FOR THE DEVELOPMENT OF VISUAL FUNCTION IN INFANTS AND YOUNG CHILDREN WHO HAVE LOW VISION

Anne L. Corn, Assistant Professor
The University of Texas, Austin, Texas 78712

A theoretical model for the development of visual function will be presented which will: a) define visual function based on developing ability structures (rather than on deficits); b) demonstrate interactions among factors which contribute to efficient use of vision (e.g. cognition, perception, environmental cues, motivation, etc.) c) explain variations of function within similar segments of the low vision population (e.g. those with acuity losses) and within individual low vision children d) provide a concrete model for the developmental use of low vision in infants and young children e) provide a foundation for instructional strategies which individualize utilization of vision programs f) include suggestions for practical uses of the model in lesson plans and the selection of appropriate materials.

Future areas of research on the model will be discussed with implications for individual children.

It is anticipated that a sample selection of computer-assisted graphics will be available in June to demonstrate the model.

METHODS FOR THE ESTIMULATION OF BLIND BABIES.

Ana Maria Polito de Fiondella (Phonoaudiology).

Instituto de Oftalmologia Pediatrica.

Director: Dr Alberto Ciancia. Buenos Aires. Argentina.

The present work consists of: 1) Evolutionary description of the maturing and the development of a normal child during the first year of life. Global description of the characteristics of this stage in sensorial area, moving, playing and speaking, the affective context of the relation between father, mother and child. 2) Description of the blind child during the first year of life and of the frequent retardation in its development, the differences of substitutive conduct, and the pathological conduct most observed. Proposal of a protocol for the evolution of the distinct areas. Proposal of a systematic month per month program of stimulation for the blind child in the first year of life. It starts from the necessity to satisfy the primary needs of the baby (hunger, sleeping, clothing, hygiene) through which the parents show them selves with loving words and communicate, estimating sensorially and motivdy the baby, which thus achieves pleasure, satisfaction and playing. Other times it is the child which, urged by its primary necessities, communicates with the environment asking for attention, activates its senses and motility until it achieves the pleasure and playing, closing a feed-back circuit which lays the basis of an affective current.

Conclusions: The present paper is a concrete proposal for working with the blind child during the first year of life, fundamental stage for the estructureation of the personality. It gives details on what to do month by month and how to do it, at the same time it explains what not to do and why not.

PROGRAM PRIORITIES FOR VISUALLY HANDICAPPED CHILDREN IN CENTRAL AND SOUTH AMERICA

Eloisa Garcia de Lorenzo
Inter-American Children's Institute
Montevideo, Uruguay

In Central and South America it is estimated that about 1% of the blind and low visioned children of school age are in some sort of educational program. Special schools with or without dormitories serve most of those while a few children are integrated with the sighted. A very tiny number of visually handicapped children receive preschool services either in their families or in nursery or counseling centers.

Our problems are related not only to lower national budgets. In some Latin countries there are multiple cultures with different languages and dialects. There are communities isolated by bad roads or no roads at all, or living on islands. Some traditions and superstitions make it difficult to bring new ideas. In general, governments are highly centralized with few regional or local governments or services. A significant percentage of children without handicaps never attend any school, and there are great problems of poor health in sections of almost every Latin American Country.

Faced with this reality, there is an obvious and compelling need to give highest priority to strategies and program designs fitted to these populations' special characteristics. Such programs will be successful only to the degree that they are organized with the active and direct participation of the population served, also if community and neighborhood organizations are included and if they are designed to work with parents and the entire family.

PROGRAM PRIORITIES FOR VISUALLY HANDICAPPED CHILDREN IN
CENTRAL AND SOUTH AMERICA p.2

Eloisa Garcia de Lorenzo
Inter-American Children's Institute
Montevideo, Uruguay

To serve more visually impaired children and their families, we must develop alternative programs, particularly during the early years of life. Residential schools, mainstreaming, or integrated education will never reach even half the children with vision problems of any age. We will have to develop programs that can be brought to the homes of the children by minimally trained non-professionals and volunteers. One program of this type has been introduced successfully into Indonesia by Helen Keller International. Variations on this theme should be possible in most developing countries, particularly in Latin America.

-The rural areas. Strategies for Action. -Surveys to find the families with visually impaired children. -Early stimulation. Early intervention. -Training programs of 6 to 8 weeks for local, sighted persons who will be field-workers. -Training programs for parents. -Developing pictorial teaching materials with few or no words. -Supervising the efforts of the field-workers who will go to the homes. -Provide active participation of parents and siblings in the rehabilitation process. -Use of the media. Recording, filming the work. -Educating the community. -Educating officials at the Central Governments.

Academic subjects requiring reading whether of print or braille are not of prime importance. We must develop alternative ways of teaching independence, self care, participation in family, and community activities.

BLINDNESS

SPRINZFIELD III

MIRIAM S. DLAMINI

Specific object of study

Strabismus

Strabismus its a term that means crossed eyes at birth its either exotropia or esotropia patient with strabismus is said to have fusion if he has the brain capability of co-ordinating and fusing together the impulses received from each eye.

Methods used

1. Orthoptics is a science that deals with training the individual use both eyes together to attain comfortable binocular vision. Pre-and postoperative orthoptic exercises in Strabismus patient with fusion often help to maintain a straight-eyed position and allow the patient to enjoy a richer visual experience. At times a person develop. amblyopia which is a condition of reduced vision that is not caused by either organic disease or error of refraction.

Amblyopia occurs in patient primarily in the eye that turn inward or outward.

ART IDEAS FOR THE VISUALLY IMPAIRED

By Betty J. Dominguez

NEW MEXICO PRE-SCHOOL FOR THE VISUALLY HANDICAPPED
Albuquerque, New Mexico 87106 Bernalillo County

Art Suggestion with visually impaired Pre-School students.

Modeling with Play-Dough: Help students identify colors of play-dough by scenting the play-dough with bottle extract. We have had good luck with the following colors: Green-mint, Yellow-lemon, Red-cherry, Purple-grape, and Orange-Orange.

Make dominoes out of Cheerios using index cards (3X5). Glue Cheerios on the card. Glue a piece of yarn across the middle of the card to separate the numbers. These may be used for counting and matching exact numbers.

To help our Pre-School students with their coloring of shapes, simple objects and special objects that may pertain to holidays, etc., outline the pictures with a brightly colored yarn or outline the form with glue and let dry.

Counting books from 1-10 from wall-papering sample books. Cut different shapes and sizes for each number. Use the flocked design paper for easy identification of number and shape.

To help students identify their own coat hook, cubby for crayons, pencils, etc., we use certain shapes. Example: Shannon's shape is a triangle. The A.P.H. Parquetry Set is useful. Also to keep the A.P.H. materials neatly on the shelf, I put the picture on the back of the shelf and they know exactly where to put them.

PREVENTION AND TREATMENT OF MANNERISMS
IN BLIND INFANTS AND YOUNG CHILDREN -
A MOTHER'S RETROSPECTIVE STUDY

Ingeborg Dürre, Bad Schönborn, Federal Republic of Germany

The paper reports on a successful procedure to prevent and treat manneristic behaviour in a blind child from birth to eight. The girl had certain visual ability on one eye after an operation of a congenital cataract at the age of 1;1 and turned blind - with little remaining light-perception on one eye - at the age of 3;4 as a result of a secondary glaucoma.

The methods used and the observations and experiences gained are discussed on the basis of current literature on the subject. The starting point for this discussion are the most prominent interpretations of Cutsforth (1951, 1968) and Lowenfeld (1964) suggesting that stereotypic behaviours in blind children are to a large degree caused by the lack of stimulation resulting from visual impairment. Mannerisms in blind children generally are accepted as not remediable, the more so as the therapeutical method usually applied is restricted to reprimanding, making aware, punishment and positive reinforcement, and only induces the child to switch to new forms of manneristic behaviour. Recent experiments have shown that this method may be applied successfully in adolescents (Blasch 1978).

The procedure taken in this single case was marked by consequent application of the following two strategies, 1) a prevention strategy, providing intensive mother-child contact, permanent large offer of substitutional stimuli, and elimination of passive situations; and 2) a treatment strategy, comprising reprimanding on up-coming manneristic behaviour, arousing awareness in the child about the inacceptability of manneristic behaviour for sighted persons, forced intensive encouragement for and support of motility, frequent mother-child skin contact, not only per se but also during occupation.

Results: The application of these prevention and treatment methods has led to a total absence of mannerisms at school age. Stereotypic behaviours such as head and trunk rocking in lying position, hand-waving before the eye, and eye-poking, which had appeared after several prolonged stays in hospital, were remediated; new substantial mannerisms were not developed, no mannerisms were developed in family environment. Developmental increase in intelligence, speech, motility and mobility was well above average standard; strong motivation for self-initiated meaningful occupation was achieved.

Conclusion: Prevention and treatment of mannerisms in blind infants and young children is possible, even if a tremendous amount of persistent specific efforts must be invested over years. The method of preventing mannerisms apparently leads to a significant increase in a blind child's overall development. Support of general development being the main goal of education, the appearance of mannerisms must be interpreted as an alarm signal for a certain deficiency in intellectual, emotional, social, motor or similar stimuli, the causes of which urgently need elimination.

NEEDS OF THE FAMILY - REMEDIAL MEASURES

Edward and Alamoo Jonathan

Centre for the Blind, Palayamkottai, Tamil Nadu, India

1. Early identification of the Blind Child. (N.B.) in an unorganised helpless and indifferent society where there is no registration of handicapped children, identification is a difficult problem. Our centre has been making use of the local parish structure wherever possible.)
2. Arrange to meet the basic needs of the Blind Child in his own home.
3. Teach the child to attend to the personal hygiene himself in the home.
4. At the age of 5 plus admit the child in a residential School for the Blind.

OR

in a normal school where a resource teacher is available.

5. Arrange for vocational training along with schooling.
6. Fixing him up with an industrial or agricultural establishment while young.

OR

help him to open an appropriate self employment project.

ROYAL NATIONAL INSTITUTE FOR THE BLIND EDUCATION
ADVISORY AND PARENT COUNSELLING SERVICE

E. Marianne Eustis, Royal National Institute for the
Blind, 224/6 Great Portland Street, London, UK

Counselling as a support service - definition of counselling - for whom and by whom? RNIB's supportive action through education since the establishment of its first Nursery School for Visually Handicapped Children (Chorleywood) in 1918. Further extensive nursery provision to meet increasing demands for advice and practical help from parents and others. Anomalies created but positive response resulting in establishment of Parents Unit. Increasing awareness world-wide of early basic needs of young children. Evidence in many reports - Plowden, Langdon and Vernon. Recommendations: early identification, referral and registration; on-going assessment by inter-disciplinary team; guidance and support for parents from diagnosis of defect, and interpretation of information and advice given by person with knowledge, understanding of defect and its effects, together with practical experience of visually handicapped children. Emphasis on need to establish positive attitudes to the problem, to increase provision in home locality and generally improve quality of life of child and family. Our aims: a free, long-term service to parents and others involved with young, visually handicapped children; encouragement of visual stimulation and other sensory training, independent mobility and social competence; on-going assessment and monitoring educational progress; dissemination of information through co-operation and visits, talks, literature, training courses for parents and professionals; instigating research and assessment of pilot projects; contacts with the Research Centre for the VH in Birmingham, with special education departments of that and other

universities; on continuing research into development of skills, aids, mobility; with schools and visits of various kinds nationally. Complementary contributions of each. The need for a variety of services for young visually handicapped children and the nature of the help and guidance required by those giving these services. Early intervention through clearly defined and appropriate teaching programmes to meet specific needs of each individual; contribution of in-depth observation of child and his family relationships; problems arising from conflicting advice. RNIB in action: one geographical area - incidence, philosophies, politics and provision - reflecting awareness and attitudes; success or failure? Children with other handicaps? What of the future?

EARLY REHABILITATION OF CHILDREN WITH VISUAL IMPAIRMENTS IN MEXICO

Dra. Antonia Garcia Medina

It is of primary concern when you are engaged in the rehabilitation of children with visual impairments to initiate and carry out consistent guidance in the early months of life. The program must consider the different psychomotor stages of the child so that the child will eventually be able to function at appropriate age level.

The objectives for the infant are: early diagnosis; a study of the family/child relations; active participation with the mother.

The recommended program of rehabilitation of the visually impaired infant is founded on the evaluations of the various specialists of a multidisciplinary team consisting of the following : social worker, ophthalmologist, pediatrician, neurology, psychiatry, psychology, electroencephalography, rehabilitation medicine, dentistry.

One must keep in mind that the visual impaired child cannot participate fully in life if he is weighted down with mental problems of those persons living and working with him.

If we want the blind child to be happy, we must start in the first months of life. It is necessary to put forth everything which we have to prepare the child physically, psychologically, and socially. In this way, when he enters the school, his readiness will be optimal and we can assure his integration as a full member of his age group. In the regular school, he will be just one more student, not a blind child.

PARENTS' ROLE AS THERAPISTS

M. Veronica Gilligan, M.S. Certified Peripatologist
Upstate Medical Center Certified Rehab. Counselor
Syracuse, New York
United States

Parents are the most important single link in their child's development and rehabilitation. The attitudes they hold greatly influence the child's self-concept from infancy and their expectations are transferred to and control the child's goals and actions. It is time professional workers welcomed parents as co-therapists and parents learned to cut through the "mystic" of "specialists" and open a dialogue. Parents need to become comfortable with their own ability to work with their sons and daughters--self-confidence in common sense methods and encouragement to experiment. The giant step of accepting a child with limitations without putting limitations on a child is what we should all be working toward. Some steps to assist.....

CURRICULUM DEVELOPMENT FOR PRESCHOOL VISUALLY
HANDICAPPED CHILDREN IN KENYA AND THE IMPLICATION
IT HAS ON TEACHER TRAINING

Dena Gruman, Ph.D.
217 Euclid
Daytona Beach, FL 32018 USA

An experimental curriculum designed for preschool visually handicapped children will be presented. This curriculum was specifically designed for Kenya but the strategy behind it would be effective for most developing countries. It is designed to be used by untrained persons. Both process and content will be discussed and trial materials will be available for examination. Implications of the usage of this curriculum as a catalyst towards on-the-job inservice training will be discussed.
(The presenter worked for two years with Kenya Institute of Education, Nairobi)

FACILITATING GROSS MOTOR DEVELOPMENT IN BLIND INFANTS AND TODDLERS

Verna Hart
University of Pittsburgh
Pittsburgh, PA USA

The little normative data available regarding gross motor development of young blind children show that they lag behind their seeing peers. However, certain factors, such as positioning and handling, can influence the children's development and can facilitate their growth to more closely approximate average norms. These factors will be discussed and means to implement them will be given.

HANDLING INSTRUCTIONS AS A SPECIFIC GUIDANCE IN THE MOTOR DEVELOPMENT OF THE BLIND INFANT

Paul J.M. Helders, Paediatric Physiotherapist, and consultant to several advisory services and assessment teams of blind infants and children. University Children's Hospital, Het Wilhelmina Kinderziekenhuis. Utrecht. Holland.

Motor development is characterized - among others - by a raise in extensor muscle tone, starting at the head, with caudal progression. The lifting of the head is in part dependent on this extensor muscle tone, but vestibular and ocular feedback mechanisms have to be present.

The importance of visual information in the development of extensor muscle tone of the trunk is stressed by a series of slides. It is the author's opinion that impairment of trunk muscle tone will lead to orthopedic problems, such as a scoliosis. As known from the current literature blind infants do have a high incidence of orthopedic problems, compared to infants with normal vision.

Well-chosen handling instructions for parents of blind babies are very important for a normal development of extensor muscle tone, and the instructions have to be followed right from the moment visual impairment is noted. An example of a set of instructions will be shown.

Delay in the global development of babies with visual impairment can be minimized by giving the parents handling instructions. It is of the utmost importance that family physician, pediatrician, or any other health care worker, is familiar with these handling techniques.

DEVELOPMENTAL REHABILITATION OF BLIND CHILDREN WITH MULTIPLE HANDICAPS

Hellbrügge, Theodor, Prof. Dr. med.
Munich Children's Center
Munich, Federal Republic of Germany

The problems of blind children differ widely in industrial and in developing nations. In countries where medicine including preventive medicine and prophylaxis has reached a high standard, the number of exclusively blind children is low. In industrial nations blind children usually are multiply and variably handicapped and their therapy and rehabilitation is more complicated. - In the Institute for Social Pediatrics and Juvenile Medicine of the University of Munich a new concept of developmental rehabilitation has been developed with the elements of early diagnosis, early therapy and early social integration for multiply and variably handicapped children including blind children. The basis for this developmental rehabilitation is the "Munich Functional Developmental Diagnostic System" with which retardations in crawling, sitting, walking, grasping, perception, speech, language comprehension and social development can be measured already in infancy. A functional developmental therapy is based on this diagnosis. The therapy which is mainly carried out by the parents within the family at the same time serves for social integration of the child into the family. The multidimensional diagnosis is carried out by pediatricians and psychologists and the following composition of the therapeutic program by physiotherapists occupational therapists, speech therapists, music therapists, etc. Parents and siblings learn how to carry out these programs at home. The goal of the developmental rehabilitation is the integration of the multiply handicapped, also blind child into

DEVELOPMENTAL REHABILITATION OF BLIND CHILDREN
WITH MULTIPLE HANDICAPS

Hellbrügge, Theodor, Prof. Dr. med.
Munich Children's Center
Munich, Federal Republic of Germany

the normal school system. For this integration the internationally known Montessori pedagogics have proved to be very efficient. In our pre-schools and schools of the Munich Children's Center we can easily integrate 5 to 7 multiply and variably handicapped children including one blind child into a group of 25 children. - Following the lecture a film can be shown with a duration of 30 min. about how integration of handicapped children can be carried through without difficulty in the Montessori-system. One will notice that the common education of handicapped and healthy children furthers social development. They learn how to help and how to be helped. Because of the variety of handicaps in a group, the blind child as well learns to help other handicapped children. - Blind children with various additional handicaps do need the close cooperation of pediatricians, psychologists, therapists and teachers for integration into the family, into Kindergarten and school. It has been proved that the medical pedagogic system within the Montessori method is very suitable for promoting blind children as well. This has to do with the sensory material which is one of the basis elements of the Montessori pedagogics. This material has been modified for handicapped children, including blind children, in the Munich Children's Center.

ESSENTIAL OBJECTIVES FOR TEACHER TRAINING PROGRAMS FOR
TEACHERS WORKING WITH VISUALLY HANDICAPPED INFANTS AND
YOUNG CHILDREN 0 - 7 YEARS

Hewitt, Heather A.
University College,
University of Melbourne,
Victoria, Australia.

The paper will focus on the following aspects of the teacher training program:

1. The necessity for teachers to re-orientate themselves to developing parent centered teaching programs rather than child centered programs, the goal being not to teach the child, but rather to teach the parent to teach the child; the parent being the natural teacher of the very young child.
2. Difficulties teachers may face in making this re-orientation.
3. Emotional factors within the parent and/or teacher which may impede the success of a parent education program.
4. Parental grief and the necessity for teachers to distinguish clearly between their role as parent educator, and that of the parent counsellor. Educational implications for teachers accepting the dual role of parent educator and parent counsellor.
5. Teaching strategies required for teaching parents.
6. Pre-requisites for working effectively in a multi-disciplinary team.
7. Suggested modes of interaction for teachers working in a multi-disciplinary team.
8. Communicating successfully with team members and outside agencies.

THE SOCIAL AND EMOTIONAL DEVELOPMENT OF YOUNG VISUALLY HANDICAPPED CHILDREN WITH ADDITIONAL HANDICAPS.

Miss Gwendoline Howse. Headmistress of Sunshine House Nursery School for Blind Children. (A branch of R.N.I.B) 15, Warwick New Road, Leamington Spa, Warwickshire, England.

In the United Kingdom there are a variety of options for educating visually handicapped children along with practical support which is offered to parents. The Royal National Institute for the Blind has, at present, four Sunshine House Nursery Schools in England, each one having it's own particular function. The complete running of each school is organised by the Head Teacher in charge. Sunshine House Leamington Spa is a weekly boarding school and caters for up to 15 children, either as resident or day pupils. Each child attends for a very specific reason, and we aim to cater for all their needs, our staff-pupil ratio is very high. The children are visually handicapped and the majority have additional handicaps of a mental, physical or emotional nature. Home Contacts - Parent Counsellors/Advisers, people with experience of V.H. children, initially visiting and helping the parents when their child is quite young. Liason with schools and build up to eventual visits. A V.H. child's reactions to his lack of or poor vision are usually evolved from the reaction his family have to his handicaps. Team-work. All staff making their contribution towards each child's fuller education; this includes the school secretary, cooks, gardeners, etc. Essential for staff to know as much as possible about the child before he comes to initially start school, as the knowledge of past history often assists in knowing if the present environment is the true cause of any inappropriate behaviour. Staff training, essential for a considerable amount of work to be done under blindfold, especially with new equipment, before it is presented to the children.

Everyday living is an enormous challenge for the children, their knowledge of the sighted world cannot but be incomplete. We take so many visual things for granted, but it is only when helping our young children that the complexity of the events reveal themselves. This is particularly relevant with social training and the skills that are necessary for everyone to master in order to achieve true social competence. Body awareness, the importance of this from a very early age. School day, sessions e.g. swimming, cooking, gardening, etc. Concept formation needs real experiences, e.g. Paddington Bear - weather chart. Individually planned programmes in order to fully cater for the needs of each child. Building, purpose-built? Necessary for realistic everyday situations to be there for all children to experience. Maxfield Bucholtz Social Maturity Scale for Young Blind Children. National Children's Bureau, Development Guide. Reynell-Zinkin tests.

THE USE OF PLAY AS AN EARLY INTERVENTION STRATEGY FOR FAMILIES WITH YOUNG BLIND CHILDREN.

BEVERLY HUMMEL

ASSISTANT PROFESSOR OF THERAPEUTIC RECREATION
WEST VIRGINIA UNIVERSITY, MORGANTOWN WV 26506

Play is recommended as an intervention strategy for families with a visually handicapped infant or young child. During the workshop, a variety of play activities which are appropriate for parents to initiate with their child will be explored. Early techniques for communication through play will be demonstrated. These activities will be discussed with reference to specific developmental delays and alternative communication techniques which may be utilized in a family setting. Processing of appropriate sensory information is critical for optimal development of visually handicapped infants and children. Parents need to provide an enriched and reinforcing learning environment. Certain aspects of child development are contingent upon play. Children blind from birth have unique adaptive and developmental problems (Fraiberg, 1977). Blindness has been found to impede the process of ego formation because the child fails to (1) distinguish between self and others, (2) achieve hand autonomy, (3) use skeletal muscles for the discharge of aggression, (4) acquire object concept, (5) achieve independent locomotion, and (6) move perception away from mouth centeredness. Blindness is also a communication barrier between parents and infants with extraordinary demands placed on the parents' adaptive capacity. Based on these delays in development and the parents' need to find alternative routes to communication, play is an appropriate intervention strategy. This workshop will review pertinent research findings, present specific play strategies, and discuss implementation within a family setting.

THE SINGLE WORKER PROGRAM. PRE-SCHOOL GUIDANCE AND INTEGRATED EDUCATION IN AN ISOLATED CARRIBEAN ISLAND SETTING.

Dr. Roly Sint Jago
Aruban Foundation of the Visually Handicapped
Aruba, Netherlands Antilles

The FAVI (Aruban Foundation of the Visually Handicapped) was officially founded in February of 1974. Until then no form of services to the visually handicapped did exist. It is a voluntary agency with so far only two fully paid workers, a social worker and an itinerant teacher/infant home teacher, paid by the local government, and a part time adult home teacher paid by the foundation.

A program for integrated education was launched in the early part of 1979. Until then, school-children with a serious visual handicap were sent to residential schools in The Netherlands. As a consequence of the serious developmental problems noted, a pre-school program was coupled to the program for integrated education. Though the theoretical data were known, the approach was pragmatic and was undertaken, in spite of the lack of back-up specialists. Through its relations with The Netherlands, Denmark, The United States and Columbia, the FAVI has access to all information necessary but as a consequence of its isolated island setting, exclusively dependent upon expensive air communication, direct and continuous contacts are not available.

How the work is nevertheless being realised is a continuous challenge with extremely interesting results.

ISRAEL MINISTRY OF EDUCATION AND THE EDUCATION OF THE BLIND AND THE VISUALLY IMPAIRED

Hannah Kadmon, National Supervisor over Education
of the Blind and Visually Impaired, Ministry of
Education, Tel-Aviv, Israel

Object: To acquaint the audience with the types of supportive educational programs available in Israel for the Blind and Visually Impaired; the rationale, criteria and circumstances that dictate the nature of these programs. Also, to demonstrate the cooperation between the Ministry of Education and other governmental and community agencies and services. 1. Special Education Department is involved in programs for 380 students from age of 5 to end of highschool of all nationalities 65 of which (approximately) are totally blind, 100 are severely handicapped and the rest with variable degrees of impairment. 2. Types of programs: Institute in Jerusalem, resource classes-12, 7 itinerant teachers, support of local teaching staff. 3. Rationale for mainstreaming - meeting real life day by day and learning ways to handle problems encountered; avoiding sending a child away from home; by daily encounter with this population to bring about positive changes in the attitudes of the sighted. 4. Criteria - assessment of whole child, home. 5. Circumstances dictating type and nature of program in which child is enrolled: wide geographical scatter; parents' outlook and demands; chance concentration in specific area; physical facilities - school, room, aids and appliances. These circumstances call for flexibility. 6. Two examples demonstrating the cooperation with the Division of Home Teachers (Ministry of Welfare) in determining nature of program for kindergarten blind children. 7. Unofficial informal preparation of teachers for this specific area of special edu-

cation until now and various ways to add training and professional knowledge to teachers in the field; Plans for formal preparation next year. 8. Utilization of community agencies and resources - to enrich and add to educational programs; examples. 9. Offering information to the public and staffs in schools, hospitals, etc., to increase knowledge and awareness to the needs of our children and where they can be met. Summing up: The services offered by the Ministry of Education to the blind and Visually Impaired children are diverse, characterised by flexibility, cooperation with other agencies and constant striving for improvement.

SENSORY AIDS USED BY BLIND CHILDREN

Leslie and Nora Kay
University of Canterbury,
Christchurch,
New Zealand

In a number of countries children from 9 months to 10 years have now been exposed to a variety of sensory aid perceptual experiences. In the light of the generally positive nature of the findings from these studies, particularly with the later designs, and bearing in mind the novelty of the exercise, it is suggested that the field of blindness has a powerful new tool for the enhancement of spatial arrangements. Furthermore we see that the totally blind child without a spatial sensor may be likened to the profoundly deaf child without a communication aid and the severely physically handicapped child without a prosthetic attachment. The paper also discusses the findings and ideas arising from the research projects which should form the basis for future planning of sensory aid intervention. An area of concern to us is the provision of the right devices and training programs for teachers which will provide them with a thorough understanding of device capabilities. It is important that this is seen as forming part of a professional sensory integration program. Controversial issues about whether sensory aids should be provided at all, be acquired by Agencies or Educational Authorities and who should be trained to teach them will be discussed.

DEVELOPMENT OF DIDACTIC MATERIALS FOR VISUAL TRAINING AND SENSORY AND CONCEPT DEVELOPMENT

Risha G. Krakower
American Israeli Lighthouse
Kiryat Haim, Israel

This workshop is meant to demonstrate actual materials in the form of teaching aids and games for the pre-school blind and partially sighted on through first grade.

Teaching of concepts of size, shape, space, and sensory concepts necessary for the development of skill in braille reading will be discussed and demonstrated through teacher made materials (all prepared by the author). These techniques and materials have all been successfully used with pre-school blind and partially sighted children. All materials to be exhibited and demonstrated have been prepared with scrap materials, thus accentuating development of creativity of each individual teacher and encouragement of parent participation in their child's education.

THE UNIBADAN PROGRAMME FOR TEACHERS OF THE BLIND

Dr. Peter O. Mba, University of Ibadan,
Ibadan, Nigeria.

This paper describes a unique programme for preparing teachers of the blind at the university level in Nigeria, the most populous country in black Africa where incidence of blindness is estimated at .59 percent of the population, and where education of the blind dates back to 1953.

The Unibadan Programme for Teachers of the Blind, the first of its kind in Nigeria, spirals from an initial base of one-year certificate course in education of the blind through a nine-month diploma course, to a three year Bachelor of Education degree peak, routing its students (after each level) through the rapidly growing numbers of schools for blind children in the country, for the one or more years of practical experience in teaching the blind needed as a pre-requisite to the next step. Courses progress from "Introduction to Exceptional Children," "Individualizing Instruction for the Visually Handicapped Pupil in the Regular Classroom" at the certificate level, through "Techniques of Daily Living for the Visually-Handicapped", "Media and Methods" etc., at the diploma level; to: "Teaching Mathematics", "Teaching Science" and "Advanced Mobility and Orientation" etc. at the B.Ed. level.

The paper concludes with a report of a recent study by the writer, in which perceptions by trained teachers of the blind, of the relative importance of some of the subjects of our courses to the education of the blind are compared with the teachers' perceptions of their own proficiency in these subjects.

THE DEVELOPMENT OF A MULTISENSORY COMMUNICATION SYSTEM FOR VISUALLY HANDICAPPED CHILDREN WITH SEVERE AUDITORY IMPAIRMENTS

Mary Molacavage

Jill Boxerman

Center for Education of Infant Deaf

San Francisco, CA USA

The presentation will address two questions: (1) How does the lack of visual input complicated by a coincident impairment of auditory input affect the social and linguistic development of children between the ages of birth and 36 months? (2) What are the measurable effects of a multisensory educational program on social and linguistic development of the children? The multiplicity of problems presented by visually handicapped hearing impaired children impose certain unique risks of interference for the parents and children: (1) interference with attachment and reciprocal relationships that coexist in the family, (2) interference with linguistic competence, (3) interference with the explanation and understanding of the family, environment, and social relationships. A multisensory educational program was developed to intervene during critical phases of development and foster the visually handicapped children's linguistic and social growth. The following critical aspects of the program will be presented: (1) Techniques for diagnosis of hearing loss in visually handicapped children, (2) Demonstration and description of the tactile form of Signing Exact English (Gustason, Pfetzing and Zawolkow, 1975) used in the multisensory program, (3) Description of types of amplification prescribed and auditory techniques utilized in the program. Reports on 3 visually handicapped hearing impaired children between the ages of 6 months and 36 months who were enrolled in home bound and nursery school program will include: (1) parent-teacher observations, (2) parent interviews, (3) developmental profiles from the Koontz Child Development Program, (4) observational data of peer group interaction, (5) receptive and expressive language competence. Finally a discussion of the primary factors necessary for the success of the program will include: (1) efficient use of personnel

THE DEVELOPMENT OF A MULTISENSORY COMMUNICATION SYSTEM FOR
VISUALLY HANDICAPPED CHILDREN WITH SEVERE AUDITORY IMPAIR-
MENTS (page 2)

Mary Molacavage
Jill Boxerman
Center for Education of Infant Deaf
San Francisco, CA USA

for a home visitation program, (2) the degree of parent in-
volvement, (3) support systems for parents, (4) participation
of extended family.

MATERIALS FOR INFANTS AND YOUNG CHILDREN BY THE AMERICAN
PRINTING HOUSE FOR THE BLIND

Sheri Bortner Moore
American Printing House for the Blind
Louisville, Kentucky--USA

POSTER SESSION

The session will focus on a display of photographs of educational materials for preacademic level visually impaired children manufactured by the American Printing House for the Blind. The pictures will be accompanied by a verbal narrative by Sheri Moore.

CORTICAL BLINDNESS IN CHILDREN

I. Nawratzki, M.D. and S. Ronen, M.D. - ISRAEL.

The Jerusalem Institute for the Prevention of Blindness

Cortical blindness may be defined as unawareness of the outer world. The eye itself and the afferent optical pathways are anatomically normal but there is no capacity to process the visual stimuli, as the visual centers are not functioning due to damage to the higher pathways and the visual cortex. The common causes for brain damage may be responsible for this disorder and it is usually associated with neurological and mental defects. Clinically, there is blindness, the eye and ocular movements are normal, pupillary reaction is present. The main signs in the infants are absence of following movements to visual stimuli, there is no nystagmus; electrophysiologically, the E.R.G. is normal while the V.E.P. as well as optico-kinetic/nystagmus cannot be elicited. In children it may be difficult to differentiate this entity from late maturation, mental retardation or visual object agnosia. Recovery occurs in certain cases. Early diagnosis is important to decide on treatment by visual stimulation. Case reports are presented to illustrate these points.

VISUAL DEVELOPMENT IN THE "BLIND"

Dr. Irene Neilson
Glasgow College of Technology
Glasgow, Scotland

This paper reports a longitudinal case study of dizygotic twins diagnosed at eighteen months as congenitally blind on the basis of absent electroretinogram responses and abnormal retinal structure. Behavioral measures of functional visual capacity, derived from work on visual perceptual development in sighted infants (Bower 1974, 1977, 1979), demonstrated a remarkable degree of functionally useful residual vision, which supported by discrimination training (See Gibson 1969), has continued to develop and improve over the last 3 years despite further apparent decline in the structure of the children's retinae.

The implications of the findings of this study are considered in relation to the early assessment of the degree of visual impairment (to allow maximisation of residual visual capacity during a recognised critical period in visual development (Blakemore 1977) and their significance for current theorising about the relationship between the physiological and functional characteristics of the visual system is discussed.

DEVELOPING FUNCTIONAL PLAY SKILLS IN LOW VISION CHILDREN

Sandy Parsons, Doctoral Candidate
Special Education Department, The University of Texas
Austin, Texas, U.S.A.

The relationship of functional play skills to concept acquisition and cognitive development will be discussed. The central role of the parent as the facilitator for the child's development of functional play skills will be emphasized. A slide presentation will demonstrate appropriate intervention techniques and materials which parents can use to foster the development of functional play skills. The presentation will provide information on: a) stages in the development of play behavior, b) teaching awareness of objects and interest in their characteristics, c) teaching appropriate use of objects for their intended purposes, d) facilitation of environmental exploration through improved use of distance vision, e) a sequence of skills parents can follow to facilitate the development of functional play skills, and f) specific considerations in the selection of play materials and activities for the development of functional play skills.

RELEVANT SOCIOLOGICAL ASPECTS FOR THE IDENTIFICATION AND DETERMINATION OF THE NEEDS OF THE BLIND CHILD AND OF HIS FAMILY.

Yolanda Noemi Penerini (Sociology, Teacher for the blind)
Instituto de Oftalmologia Pediatrica.
Director: Dr Alberto Ciancia. Buenos Aires. Argentina.

The relatively high frequency in the ophtalmo-pediatric practice of children with deseases leading to definitive partial or total loss of vision awoked our interest in the study of the social consequences of this severe handicap in Argentina. The final aim of the study was to collect valuable data useful for the elaboration of plans concerning the visual health of the population in general. Previous statistical studies showed that the main causes of blindness in our country are genetic and traumatic, that is, apparently inevitable. Starting from this fact, it was considered of relevant importance to determine the social consequences of the blindness by studying the attitude of the members of our community toward the blind people. A sample of 240 persons was studied, divided in 6 subgroups. These sample was subject by means of polls to the formulation of direct and indirect questions involving simultaneous hanling of diverse variables. In the sub-group composed by parents of blind children the analysis emphasized on the answers to questions related with the supposed origins of the blindness, "ages" related to blindness, possibilities of education of the blind child, prejudices, relationship between blindness and emotional aspects, relations between blindness and certain attitudes and socialization. The data obtained through this study suggests: 1) The need of genetic information, through specialized personnel, given to the parents of blind or severely visually handicapped children. 2) That the information given to the public must be in accordance with the cultural traditions of the different groups. 3) That all the persons dealing with the blind or severely visually handicapped child must be interviewd to be given accurate advise about the social integration of the blind child.

CAUSES OF BLINDNESS OF CHILDREN IN FINLAND

Mustonen Raine, M.D. The Central Association for
Visually Handicapped, Helsinki, Finland

The object of the study was to find out the causes of blindness of children in Finland. For that purpose we gathered medical information from hospital files and doctors concerning all blind children of age 0-7 who were known by the rehabilitation secretaries of our association. About half of children were studied by myself. The data collected are; date and place of birth, sex, age at onset of eye or general affection, visual acuity, clinical diagnosis, aetiology, associated defects, family history, complication of pregnancy, birth weight and oxygen treatment. The material consists of 164 children, girls 67 and boys 97. The total population of Finland is 4,8 millions and that of 0-7 year old children about 0,5 million. The most common causes of blindness were lesion of optic nerve and optic pathways and cortical visual centres (32 %), retinal lesions (29 %) including 24 cases of infantile glaucoma, aniridia, microphthalmos, colobomata and multiple congenital anomalies and congenital cataracts (14 %). The aetiology of condition was hereditary in 46 cases, dysogenation with prematurity in 24 cases, prenatal rubella infection in 11 cases, intracranial neoplasm in 6 cases, congenital hydrocephalus in 8 cases and accident in 3 cases. In 50 cases the aetiology could not be established. 53 % of cases were totally or practically blind and 47 % were partially sighted. Areal distribution of cases is presented, as well as statistical correlation with additional handicaps. The results are compared with international statistics. The possibilities of prevention and treatment are discussed as well as the importance of genetic counseling and good maternal health care during pregnancy.

PROBLEMS OF VISUALLY HANDICAPPED CHILDREN IN AUSTRIA

Maria Rauch

Soziales Hilfswerk/Behinderteninformation
Vienna/Austria

There are a lot of problems parents of visually handicapped children have to cope with. Some of them are shown up in a few examples out of the life of my own family (e.g. the first time of shock, psychological care, early training, usual and unusual methods of medicine, school education and financial aids for technical aids, sports, etc.) and the ways the family chose to solve them. The situation of visually handicapped children and their families in Austria in general and what is done by government and institutions to promote child progress. Parents dare to look across the borders: a programme with teaching goals for the promotion of visually handicapped children in early childhood, a model experiment for young visually handicapped children and their families in Bavaria, integration programmes for school children in Germany, Denmark and Great Britain. A lot of work is waiting for parents' groups in Austria. Prospects for the future.

Sound and Sense: Semantic Development in the Language of Young Blind Children

Sally M. Rogow, Ed.D.
University of British Columbia
Vancouver, B.C. Canada

The notion that young blind children have difficulty tying their language to their experience ignores the complexity of semantic knowledge. Children gain knowledge of the meaning structure of language in a variety of ways and from a variety of sources. For young children generally, and for blind children in particular, language itself is a source of semantic knowledge as well as a mode of communication. At two years of age, the young child uses words without knowing what a word is. At five years, he can talk about words and play games with them. The learnings that take place between two and five years reflect the complexity of developing semantic concepts.

This paper explores the role of language play as a source of semantic knowledge for the young blind child. Three types of word play are discussed, 1. rhyme and word play, 2. riddles and jokes, 3. stories and dramatic play. Language and communication difficulties can be prevented in young blind children when their own perceptions of their experiences are shared and allowed to become a basis of word knowledge.

EDUCATIONAL PLACEMENT FOR HANDICAPPED CHILDREN

Professor Chikao Sato and Yoshinori Yamada
The Institute of Defectology
The University of Tsukuba
Japan

One of the most important problems in Japan is educational placement for handicapped children. From our point of view, it is necessary to establish physical and functional integrated educational welfare.

The following points should be examined to provide an appropriate educational placement and an equitable educational opportunity for handicapped children:

1. their character, physical strength, will, competence, and attitude
2. their parents' (or guardians') desire, consciousness, and attitude
3. the characteristics, capacity, and interest of the schools
4. the cultural standard, attitude, and cooperation of their communities

Ultimately, the following problems are pointed out:

1. How do handicapped children handle their own disabilities and how well are they able to confront them?
2. What kind of interaction do handicapped children have with their environment?
3. Another main problem is the continuity of their environmental interaction.

It is difficult to understand their status and conditions more concretely and factually, so the placement of educational welfare is apt to be relative and tentative.

We must do our best to provide the most appropriate placement of educational welfare.

AN EDUCATIONAL ASSESSMENT OF THE PARTIALLY SIGHTED INFANT AND PRE-SCHOOL CHILD

Battia Scharf
Haim Sheba Medical Center at Tel-Hashomer
Ramat Gan, Israel

This presentation hopes to discuss some of the assessment techniques used in evaluating the very young child's use of partial vision. The discrepancy often reported between the parent's observation of their child's partial vision and the opthamologist examination will be discussed along with the often confusing changes that occur in the use of vision primarily during the first two years.

Practical teaching aids and suggestions presented to the young partially sighted infant through games and toys will be evaluated with the audience. The difficulties of training the young partially sighted child to use his visual residual vision will be discussed along with practical suggestions for such training. One of the steps following the training of the use of residual vision is training very young partially sighted children to recognize printed matter leading up to reading materials.

Eye-hand coordination so necessary for the development of writing skills and so difficult to accomplish by the partially sighted child will also be discussed along with practical suggestions for aides used with children in this particular area.

PERINATAL ASPECTS OF NEONATAL BLINDNESS

A. Schoenfeld, M.D., E. Medalia*, and J. Ovadia, M.D.
Dept. of OB/GYN, Beilinson Medical Center, Petah Tiqva,
Tel-Aviv University Sackler School of Medicine, and
Veteran's Rehabilitation Center*, Israel

A nationwide survey was carried out on 382 cases to investigate a possible etiologic connection between perinatal insults and visual disturbances in neonates. The results of the study indicate that preventive measures during pregnancy reduced the risk factor. Careful evaluation of the type of birth defect (such as blindness) should take into account the likelihood of concomitant defects, including multiple neurological damage. This is of utmost importance in order to establish the proper rehabilitation treatment approach as early as possible.

SPECIFIC AUDITORY ENRICHMENT PROGRAM FOR CONGENITALLY BLIND INFANTS.

Marcelle A. Schwartz, Ph.D.,
Lincoln Institute of Health Sciences,
Melbourne, Victoria, Australia.

The development of the congenitally blind infant is fraught with danger because the corner stone to intellectual, motor and social development, the Piagetian object concept, is normally predicated on vision. The blind baby, unable to use vision, must use other information in order to achieve the object concept. Two sources are potentially available: sound and touch. It has been shown however that sound is not useful as a cue to the position of an object until object permanence is at least partially established (Fraiberg et al., 1966; Freedman et al., 1969). Blind infants may and do use tactual information to recognize objects but the spatial arrangement between objects and self are not obvious. Indeed, when one releases the object it literally ceases to exist since it can never be experienced as separate from oneself. Moreover, even tactual knowledge of objects depends on adaptive hand behaviour which is itself predicated on vision and for many blind infants, the hands are only used to convey objects to the mouth (Fraiberg, 1964).

In this paper it is argued that the delay in achieving the object permanence concept occurs because of the absence of the more fundamental concept concerning spatial relationships. It is argued that visual spatial relationships are the outcome of sensory experiences contingent on the individual's action and that sound is not normally used by the young infant for distance information because the opportunity to correlate action with sound information rarely occurs in the early months of life. This paper is a report on a study designed to give the blind infant specific auditory experiences which make it possible to develop auditory spatial relationships. In the case of one infant the results have been striking and suggest that intervention should begin as soon as blindness is suspected, preferably in the first three months of life.

WHY THE NEED FOR A PARENT SUPPORT GROUP?

Mrs. Joe C. (Gretchen Hirsch) Smith, President, American Council of the Blind Parents, Route A, Box 78, Franklin, Louisiana, 70538, U.S.A.

"Our most important task is to get to parents as early as possible to educate them on the importance of their role in the development of their child who is visually impaired or blind." Originally, the idea of an organization for sharing experiences about parenting and visual problems was expressed in a short article of a national monthly magazine of the blind. Little response was expected. Membership was proposed for families with visual problems and/or blindness, whether the parent(s) and/or child(ren) had the vision problem; professionals and all interested were invited. In 3 months, on July 4, 1979, a national organization was formed with 50 charter members from around the U.S.A. A quarterly newsletter in large type and braille (and now cassette) is written by the membership about: experiences (positive or negative), model programs, bibliographies on parenting and visual problems, and handicaps in general (some members are multiply handicapped), and for blind parents, low vision, games, announcements, and new resources as they are discovered. When 1981 began, this sharing/support/outreach organization had over 200 members in 40 of our 50 states. A number of quotes of members and non-members who correspond are included (membership is not necessary for sharing). Professionals from underdeveloped countries may not see any relevance to their situation, but there are definite advantages to all professionals in considering the encouragement of parent support groups where you work and live. The need is apparent from the rapid growth and increasing correspondence from all over the U.S.A. Surely, adaptations would need to be made to cultures, each group's composition, etc. Sharing of similar circumstances and realizing we are not alone in our situation is the real dynamic of each group. Diversity of membership helps sensitize us to common needs, and often how we can help each other (including other disabilities).

Solomon, A., Nemet, P., Godel, V., Lazar, M.
Department of Ophthalmology, Ichilov Hospital
Tel Aviv, Israel.

Preschool children with sensory hearing losses were ophthalmologically investigated, in order to delineate the frequency and degree of the ocular involvement in such cases. The causes of deafness and the kind of the eye lesions are described. As auditory handicaps associated with visual impairments causes severe educational problems, the early identification and assessment of the ocular findings are required in order to facilitate their management. It appears that the combination of hearing losses with visual defects, if not adequately corrected, may result in multisensory deprivation.

THE REYNELL-ZINKIN SCALES:
DEVELOPMENTAL SCALES FOR YOUNG VISUALLY HANDICAPPED CHILDREN
PART I - MENTAL DEVELOPMENT

Presented by:-

Patricia Sonksen MD BS Senior Lecturer, Paediatrics
The Wolfson Centre, Institute of Child Health, London, England

The Scales were researched by Dr Joan Reynell, psychologist and Dr Pamela Zinkin, paediatrician to provide a) a means of developmental assessment of young visually handicapped children and b) to provide guidelines for developmental advice. In this paper the background to and aims of their research is introduced. The scale of mental development is then outlined and illustrated by a film made by Dr Joan Reynell and entitled "Early Assessment of Visually Handicapped Children". Open discussion may follow. Information concerning the Scales will be available.

MOTOR DEVELOPMENT IN THE VISUALLY DISABLED CHILD:
IDENTIFICATION OF CONSTRAINTS AND PRINCIPLES OF REMEDIATION

Patricia Sonksen, Sophie Levitt and Mary Kitzinger
Senior Lecturer in Developmental Paediatrics

The Wolfson Centre, Institute of Child Health, London, England

Vision profoundly influences early development within all parallels. It is therefore inappropriate to try to isolate motor development in visually handicapped babies from other avenues of sensory, emotional and intellectual development. Vision brings the world to life and the baby alive to his world and to his potential. This 'vitality' is the pre-requisite of progress along any parallel of development; its generation should be the focus of early guidance. A simple programme is proposed with particular reference to the benefits to motor development. Reynell (1978) showed that intellectual development in sighted babies streaks ahead from 11 to 12 months of age. Some of the lag in the blind peer is undoubtedly due to reduction in experience consequent upon immature motor competence (both manipulative and gross motor). One long term aim of the motor project in the DVC is to minimise this effect by furthering motor development in the first year. The analysis so far of the investigation into the constraints on motor development imposed by severely impaired vision, both directly on the motor parallels and indirectly through deficiencies in other parallels, is discussed with a view to successful remediation.

Reynell J.K. (1978) Developmental Patterns of Visually
Handicapped Children.
Child: Care Health & Development 4, 291-303

LEARNING TO COPE AND GROW DEVELOPMENTAL INFANT PROGRAM
IN THE HOMES AND HOSPITAL

Frieda Spivack
1 Terrace Drive
Great Neck, N. Y. 11021

Maladaptive coping behaviors of both parents and child compound the problems faced by the young handicapped child and his/her family. This presentation involves the participants understanding how blind and multi-handicapped infants and their families learn to cope more adaptively through DIPHH (Developmental Infant Programs in Homes and Hospitals.) DIPHH is a federally funded demonstration program of the First Chance Network. It has three critical elements: integrating the medical and developmental needs of the child through use of the Model for Personalized Learning; helping families cope with the stress of having a handicapped child; and involving hospital personnel, graduate teacher interns, and parents in implementing each child's learning plan. The participants will be introduced to the innovative instruments, models and curricula. Two paired curricula programs are used: Curriculum for Developmental Education (CDE) and Family Guides (FG). In addition to regular videotaping procedures which provide the data used for educational planning and parent program, the participants will be viewing videotapes of the program. To facilitate the infant's learning, the educators become involved in the hospital routine and learn about the medical problems of their children, while nursing and medical staff learn the developmental goals for the children and strategies for interacting with them. Through this involvement, an empathetic social-emotional component among staff is added which creates a more growth oriented environment for the children. In addition, in making known developmental goals for each hospitalized child, and teaching interactive approaches to all staff, an effective trans-disciplinary team is created. The key professional in DIPHH is a Nurse Practitioner who bridges the gap between education and medicine. Supervised college teacher interns work weekly

with the child and his family in their home. Significantly more depression, lower self-esteem, less satisfaction, and more isolation in interpersonal relationships occur in mothers of handicapped children than in mothers of normal children. This stress interferes with their ability to develop an emotionally satisfying attachment between mother and child. The DIPHH parent program is based on the assumption that parents must learn to cope with their own feelings of guilt about parenting a handicapped child since it is difficult to meet another's needs when one's own are unfulfilled. All too often, parents are turned off by professionals who approach them patronizingly or with little understanding of their efforts to cope with the highly stressful situation. Since good coping behavior involves realistic appraisal of a situation, such behavior is a primary goal. As parents gain greater understanding of their problems and their responses to them, anxiety and rigidity decrease while ability to develop adaptive coping strategy increases. Case studies of 1 family in the DIPHH program will be used to demonstrate how the children and their parents learn to cope more effectively.

ASSESSMENT AND REMEDIATION OF PIAGETIAN REASONING IN CONGENITALLY BLIND CHILDREN

Beth Stephens, Ph.D.

The University of Texas at Dallas
Richardson, Texas 75080

Three sequentially related projects which applied Piaget's theory of cognitive development to congenitally blind children are presented. The first project, The Reasoning of the Congenitally Blind, provided appraisal and analysis of the development of Piagetian reasoning in congenitally blind children. The random sample (N=150) was comprised of 75 congenitally blind (IQ 90-110) and 75 sighted (IQ 90-110) subjects. Comparison of reasoning scores for blind and sighted subjects served to indicate:

1. Blind subjects did not achieve the stage of concrete, logical reasoning with the facility or completion that is expected for persons of their IQ;
2. Deficiencies found in the reasoning of blind subjects serve to indicate a need for early intervention programs which provide opportunities to interact with objects and people, and to reason in ongoing situations.

In the second study, a training project, Cognitive Remediation of Blind Students, individually appropriate intervention activities served to remediate deficits in congenitally blind children. The sample was drawn from subjects used in the previous study (13 congenitally blind subjects - treatment group, 13 congenitally blind subjects - nontreatment group, and 13 sighted subjects - nontreatment group). Comparison of pre- and posttest reasoning scores for the two blind groups indicated that after 17 months training the treatment group experienced significant gains on 22 of 26 reasoning variables; the nontreatment blind group had significant gains on 7. After training,

ASSESSMENT AND REMEDIATION OF PIAGETIAN REASONING IN CONGENITALLY BLIND CHILDREN

Beth Stephens, Ph.D.

The University of Texas at Dallas
Richardson, Texas 75080

comparison of the blind treatment and sighted non-treatment group indicated the blind treatment group continued to be deficient on only 3 of the pretest reasoning deficits. Treatment group gains served to suggest the need for programs to train teachers of visually handicapped children in the application of Piagetian-based teaching strategies.

The third project, Piagetian Approach to Visually Handicapped Education, was a three year nationwide inservice training program for teachers of visually impaired pupils. The project utilized the cost effective, instructional model devised, implemented, and validated in the project, "Cognitive Remediation of Blind Students."

Interaction strategies designed to prevent deficits in Piagetian reasoning/cognitive development in preschool visually impaired children are emphasized. To do this, comparative analysis is made of cognitive development as it proceeds from birth through seven years in sighted and visually impaired children. Reasoning profiles of congenitally blind and sighted subjects, CA 6 and 7, are presented and deficits determined. Following this, there is a slide demonstration of individually appropriate reasoning activities designed to ameliorate deficits in a preschool congenitally blind subject.

A CENTRE FOR COUNSELING AND VISUAL
REHABILITATION OF CHILDREN WITH LOW VISION

Y. Stollman, Ph.D.,

M. Gottesman, Ph.D., Margalioth, P. and I. Nawratzki, M.D.
The Jerusalem Institute for the Prevention of Blindness
in Israel.

This paper will describe the Jerusalem Centre for Counseling and Visual Rehabilitation of Children, an inter-disciplinary low-vision clinical facility at the Jerusalem Institute for the Prevention of Blindness. Children up to the age of 16 are referred from medical facilities throughout Israel and in some cases from abroad. The primary aim of this Centre is to provide the visually impaired child with appropriate optical aids, according to his visual needs and capabilities, and then teaching the child and his parents how and when to use them. This paper will describe the functions of each member of the staff - the ophthalmologist, optometrist, psychologist, and social worker, all of whom have experience in working with children who are blind or partially sighted. It will also describe examination and testing procedures, as well as the psychological and psycho-social assessments every child undergoes. The team approach, out-reach programs, and coordinated classroom-clinic efforts will be discussed.

PERCEPTUAL LEARNING IN THE USE OF ELECTRONIC SPATIAL
SENSORS BY BLIND CHILDREN AND INFANTS

E. R. STRELOW AND D. H. WARREN

UNIVERSITY OF CALIFORNIA, RIVERSIDE, CALIFORNIA, U.S.A.

Perceptual learning refers to an increase in ability to extract information from the environment. By treating the use of electronic sensors as examples of perceptual learning, it is possible to understand the gradual acquisition of skill in the use of such systems. Adults typically have general understanding of the environment in which they live, and face the primary task of learning about the displays of such devices. Children and infants, on the other hand, face a double learning problem: they must learn both about the sensory aid, and about the environment it senses at the same time. Research with children and infants is discussed, along with data obtained from more purely experimental studies with blind-folded adults and primates. Simple perceptual skills can be shown for the use of such aids in work with infants. Older children generally manage more sophisticated perceptual-motor tasks in short periods of time, because more sophisticated, verbal forms of instruction are possible. It is generally concluded that practical rehabilitation programs with school-age children are currently feasible. Work with infants is likely to remain of more experimental than practical interest until several basic research issues have been resolved.

THE UTILIZATION OF ORIENTATION AND MOBILITY
SPECIALISTS IN PRE-SCHOOL PROGRAMS IN THE U.S.

Mark M. Uslan, American
Foundation for the Blind, New York, N.Y. USA
Sarah Stanton, Kensington School, Arlington
Heights, Illinois, U.S.A.

An emerging trend in the U.S. is the utilization of orientation and mobility specialists to teach blind children under the age of 6. In order to advance the State of the Art, it is important to document this trend, and to identify strategies employed by orientation and mobility specialists teaching these children. On the basis of data collected from a recently completed national study of manpower requirements in the field of orientation and mobility, an extensive list of pre-school programs that offer orientation and mobility services in the U. S. will be compiled. The universe of agencies and schools from which the pre-school programs will be culled includes the state and private non-profit agencies for the blind, the residential schools for the blind, and the public schools. Pre-school programs employing orientation and mobility specialists will be surveyed as to the role of the orientation and mobility specialist and orientation and mobility curriculum content.

Willem Tas,
De Wijnberg,
Grave,
The Netherlands

Family guidance for the benefit of the up-bringing, the education and the development of seriously visually handicapped youngsters is a right on which parents have a claim. This right, they claim may in no way interfere with their parental responsibility, but oughts to be supported and protected within the total care the child needs. This claim on guidance of the parents is derived from the right of the child on optimal developmental possibilities. The handicap of the child, the developmental risks, which may be inherent to it, asks a firm, solid child-rearing-community. Within this relationship there should not only be present the necessary conditions for human attachments, but also the design of integration of this child in our society. This report not only focusses upon formal aspects of family guidance in relation to visually handicapped youngsters, but also the more practical aspects of it. Introducing visually handicapped children in our common society needs an educational policy, which is attuned to this aim. Some levels of interaction with the child can be differentiated. The materials which are intermediary in our relations with the child ought to have a high value of personal significance. The objects we use in our relation with the child must speak of us, of who we are, what we are in what we believe, of what we have in common. This does not only facilitate the development of object-relations of the visually handicapped child and in connection with this ego-development, but also his integration in our society as an equal member in its own right.

AN INFORMAL LOW VISION ASSESSMENT FOR YOUNG CHILDREN

DENISE TAYLOR-HERSHEL, Assistant Research Professor
Teaching Research, Monmouth, Oregon U.S.A.

Because so many children with low vision are now being served by programs and professionals not specifically geared to meeting the needs of the visually impaired, it is critical that an informal low vision assessment be available which will give parents and teachers specific information related to the child's functional vision over and above visual acuity. This paper will describe an informal, simple to administer low vision assessment for preschoolers. The information gathered will give both parents and professionals a clearer indication of what the child is or is not actually seeing and how she uses her remaining vision for learning, orientation and mobility. Suggestions will also be presented for using this information in planning the child's individualized educational plan, in arranging her environment for maximum development, and in exploiting to the fullest every opportunity that occurs in the child's daily routine. - Because the assessment is easy to carry out and requires few materials other than a flashlight or light source and items common to the child's environment, it is a practical guide which can be utilized by both parents and professionals to yield much useful information. - Areas covered: Fixation, tracking, eye-hand coordination, matching, recognition, motor involvement, discrimination, patterns in looking, motivation for looking, lighting, and focal distance.

SHATTERED PRE-BIRTH DREAMS AND THE PARENTAL IMPACT ON THE SOCIAL-EMOTIONAL DEVELOPMENT OF THE INFANT

Peverly A. Ware, MSW, ACSW, LCSW, Private Practitioner,
P.O. Box 31, Los Altos, California, 94022, U.S.A.

In the beginning before the child is conceived, there are visions; as the womb fills with the growing child, there are dreams. But when the child is born without the sense of sight, visions become clouded and dreams die. And if hope is indeed "desire and expectation rolled into one" (Ambrose Pierce), what can fill the void when desire becomes despair and expectations shatter? This paper addresses the effects of the birth of a blind child upon the earliest bonding with the infant with regard to the loss experienced and its related grieving. Established support structures which existed for the birth often disintegrate with the discovery of the blindness or visual impairment. Added to the diminished parental support structures is a rush of new contacts: a variety of professional specialists and a multitude of medical appointments. The social-psychological development of the infant is at high risk due to the trauma occurring in its environment. The variety of these risks are examined along with the important role of professionals in enhancing, neutralizing or impairing the quality of parenting received by the visually impaired child. Specific ways of improving the quality of parenting while in the midst of grieving are discussed; methods for developing new support structures while redeveloping optimistic but realistic dreams are presented. The development of new values and love for the infant with an unexpected visual impairment are emphasized. The recurring theme of this paper is that there are methods for maximizing parental bonding with the visually impaired infant while the parents are undergoing the impact of emotional trauma and the need for immediate practical planning. These ways of coping and succeeding are especially critical during the first two weeks of life due to the ultimate effects upon the social-emotional development of the child.

PROCESS AND PRODUCT: THE DEVELOPMENT OF A PILOT PROGRAM OF SERVICES FOR THE VISUALLY HANDICAPPED OF INDONESIA

Frances W. Wiesenfeld, Project Leader

Helen Keller International-Indonesia

Lawrence F. Campbell, Program Officer

Helen Keller International-New York

With population of 140 million, Indonesia is the fifth largest country in the world. It is estimated that there are 250 thousand preschool and school aged visually handicapped children in Indonesia. Each year more than 60 thousand children develop gross corneal involvement as a result of xerophthalmia. Of this number, at least 20 thousand are left permanently blind or visually impaired in both eyes. The research effort conducted jointly by Helen Keller International and the Government of Indonesia on xerophthalmia, and later efforts to improve and expand services for the visually handicapped, identified the critical need for the development of an early intervention model that: -is community-based, -provides services to both the visually handicapped child and his family, -utilizes the services of "village volunteers," -includes nutrition education efforts that prevent additional needless cases of blindness, and -is cost-effective. This presentation will deal with both the "process" and "product" dimensions of developing a service delivery system which meets the basic needs of the preschool visually handicapped child and his family at the village level. This model has evolved over the past three years and has encountered numerous impediments before reaching its current stage of development. The first part of this presentation will be devoted to the "process" of developing realistic service models for young visually handicapped children and their families in developing countries. The remainder of the presentation will be devoted to a description of the current program model which will be illustrated with a slide presentation. Finally, the presentation will discuss the potential replicability of such a program model in other areas of Indonesia and elsewhere in the developing world.

HUMAN ATTACHMENT: VULNERABLE PERIODS IN THE EARLY YEARS

Doris M. Wills,
The Hampstead Child Therapy Clinic,
London. United Kingdom.

1. The importance of establishing a pleasurable interaction between parents and blind child in the first year. (Depressed mother needs alerting to indications of child's needs and interests.)
2. The period, from the second year on, when the fate of the child's aggression is being decided, when he must learn that angry mother is still the loving mother. (Growing individuation leads to aggression towards mother/father - its handling so as to avoid withdrawal or ambivalence - reparative experiences for children who have become ambivalent.)
3. The prolonged period, throughout early childhood, when the child reacts unfavourably to separation and remains tied to the familiar and to routine. (Regressive reactions to early separation - often not understood - child's tie to routine to avoid confusion.)

EARLY SKILL DEVELOPMENT

Alfred Yarnott, Minnesota Braille and Sight-Saving School, Faribault, Minnesota, U.S.A.

It is important that young visually handicapped children develop basic skills prior to reaching the age when pre-vocational planning begins. These skills should begin to be established during the preschool years. A primary goal for all visually impaired children is to gain the ability to function independently in their environment. This independence can be taught through the development of "Life Skills", that allow a visually impaired child to gain the educational experiences by utilizing the other senses that sighted peers gain visually. For optimum development, they must begin during the early years within the environment of the home, moving to the community and then to the schools. - The vision teacher is a key person to meet these needs. This teacher must have a knowledge of the young blind child and should be at ease in coordinating a program between parents and professionals to provide a program to meet the needs of the child. - Some of the skills that should be learned early and which will later relate to vocational success are: 1. Orientation and mobility, 2. Sensory Skills, 3. Self Confidence. The emphasis in this presentation centers upon the importance of teaching the visually impaired preschooler essential skills early in order to give them every opportunity to learn and develop their own best learning techniques to help them make it in the "mainstream" of living. Without early intervention to begin such training, we will continue to have to reteach skills which should have been learned during the early years.

GENESIS AND THERAPY OF TIC'S, STEREOTYPES AND SELF-DESTRUCTIVE BEHAVIOR BY BLIND MULTIPLY-HANDICAPPED CHILDREN IN FAMILY SITUATION

Matthias Zeschitz

Institute for the Blind of Würzburg

Würzburg, West Germany

In the population in our care (50 multiply-handicapped visually damaged children in ages from 1 to 7 years) self-destructive patterns of behavior and stereotypes are found by 40% of the children. Tics appear by hardly 15% of the children. Since these behavioral patterns limit the building of practical-life capabilities, even prevent them, the therapy of this disorder has to be our utmost goal.

Content:

-Description of the forms and the frequency of appearance of autoaggressive behavioral tendencies, tics and stereotypes in a population of 50 visually damaged multiply-handicapped children up to 7 years in the family situation. On comparable investigations with other populations statements on the prevalence of these behavioral patterns can be made.

-The genesis and stabilizing of these behavioral patterns are explained with the aid of behavioral theoretical oriented models. Examples from our practice can be made more clear with video material.

GENESIS AND THERAPY OF TIC'S, STEREOTYPES AND SELF-
DESTRUCTIVE BEHAVIOR BY BLIND MULTIPLY-HANDICAPPED CHILD-
REN IN FAMILY SITUATION p.2

Matthias Zeschitz
Institute for the Blind of Würzburg
Würzburg, West Germany

-The therapeutic possibilities (extinction, differential reinforcement of other behavior-DRO, time out, passive ignoring) in the family situation will be discussed and difficulties will be pointed out.

According to our experience the method of DRO especially within the family situation has proved itself as most successful.

A MODEL EXPERIMENT FOR THE EARLY-CARE OF THE MULTIPLY-
HANDICAPPED VISUALLY DAMAGED CHILD IN GERMANY
"MEDIATIVE EARLY CARE" WÜRZBURG

M. Zeschitz, Dipl.-Psych.
Blindeninstitutsstiftung, Würzburg
Germany

Since June 1977 a model for "Early Recognition and Early Care of multiply-handicapped visually damaged Children" is financed half by the Federal Ministry for Science and Research and half by the Free State of Bavaria. The main idea of the model, is to as early as possible ascertain multiply-handicapped visually damaged children and to promote as best as possible their individual situations correspondingly. The best prerequisite for this appears to offer an advancement in the familiar surroundings of the child. Thus the "Mediative Frühbetreuung Würzburg" (MFW) came about, which now has five Early Care Centers in all covering whole Bavaria..

An emphasis of our work consists of catching up and levelling off of the regressions in development of multiply-handicapped visually damaged children, of giving them capabilities in the practical-life areas such as in eating, dressing and undressing, cleanliness and aid in orientation, and thus to extend their self-reliance; and also the building of speech, contact- and social-behavior, in order to exhaust all the possibilities for the development and expansion of their personality.

We visit the children usually weekly or every second week.

The paramount idea in our task is the working together with the parents; that means on one hand to plan and to discuss the therapeutic concepts for their child, to give them guidance and aid with the realization and to help them surmount the problems which arise. Developmental progress of the child as well as the increasing educational capability of the parents is recorded exactly. On the other hand we understand it to be our task, to make it clear to the parents, that advancement is not the same as a challenge and that for them and their child the occupation with it without the pressure for achievement and without demands is just as important as the consequent carrying out of carefully aimed trainings and therapies.

PREPARING TEACHERS OF VISUALLY IMPAIRED TO ASSESS THE FUNCTIONAL VISION OF INFANTS AND YOUNG CHILDREN.

Linda Joseph Roessing
San Francisco State University
San Francisco, California, USA

In the United States, a federal law, 94-142, mandates provision of services by public schools to visually impaired children ages 3-21. Establishment of programs from birth to age 3 are at the discretion of the local school district, but assessment can be requested for any child of any age.

Therefore, teacher-training institutes, such as San Francisco State University in San Francisco, California, must train pre-service students in techniques for assessing the functional vision of infants and very young children.

To accomplish this, a teacher-training course entitled "Methods of Teaching Low Vision Children" has been redesigned to include modules of instruction for Infants/ Severely Multihandicapped and Preschool aged children. Within each module, training is furnished in techniques for teacher assessment of visual functioning, preparation of a visual profile of sight utilization, and curriculum.

My presentation will discuss preparing teachers to visually assess Infants and Severely Multihandicapped in terms of materials and curriculum.

EARLY EDUCATION OF BLIND CHILDREN IN A RURAL AREA ---
THE MISSISSIPPI MODEL

James W. Mann

University of Mississippi, University, MS 38677, U.S.A.

Theme

The organization, development and implementation of an early education (birth to six years of age) program within the home of blind children residing in a rural area.

Major Components/Activities

Emphasis is on home visitations by home training specialists. These trainers, with the help of resource staff, are responsible for prescribing an individualized curriculum for each child, conducting the activities in the home, and demonstrating techniques, methods and recording procedures for activities that are implemented daily by parents. The child's progress is assessed weekly, monthly, and annually by the parents, the home trainers, and the psychologist/evaluator by means of an objective evaluation system. Assistance is provided to school systems and community resources in an effort to mainstream the blind child in existing early childhood education programs.

THE PROBLEMS IN THE EDUCATION OF BLIND CHILDREN IN NIGERIA.

DR. THERESA B. ABANG (SR.)
UNIVERSITY OF JOS
JOS, PLATEAU STATE, NIGERIA.

Abstract:

In Nigeria as in most developing countries of the world, the education of the blind has been neglected for too long, inspite of the present government's efforts in promoting the welfare of the blind in Nigeria, education and care of the blind is still very inadequate. The object of this paper is to investigate and analyze the current problems confronting the educators of the blind in Nigeria with a view towards suggesting solutions. The method used in this study include interviews with Nigerian special educators and publishers, parents of blind children and the blind themselves. The difficulties in the education of the blind include, lack of personnel, lack of teaching materials, negative attitudes of most Nigerians towards the blind, and inadequate placement of blind children in schools. In view of the expositions in this study, it is evident that the need for determining future trends in the education of blind children in Nigeria is of paramount importance. There is the need to train personnel, there is the need for teaching materials and equipment to be made available, the need to change the negative attitudes of most Nigerians towards the blind are just a few of these problems. It is believed that if these recommendations are implemented, they will answer some of the problems of the blind children in Nigeria.

INDEX OF AUTHORS

<u>Name</u>	<u>Page</u>
ADAMS, M.A.	3
AITKEN, E.	4, 5
AMBER, P.	6, 7
ANASTASIOW, N.J.	8, 9
BARRAGA, N.	10, 11
BENGIO, O.	12
BONAMIE, E.	13
BOXERMAN, B.	50, 51
BULL, M.	14, 15
BUTCHER, S.	16, 17
BUULTJENS, M.	18
CAMPBELL, L.F.	79
CAMPBELL, S.F.B.	19
CAMPO, M.I.	20
CIVELLI, E.M.	21
CORN, A.L.	22
DE FIONDELLA, A.M.	23
DE LORENZO, E.G.	24, 25
DLAMINI, M.S.	26
DOMINGUEZ, B.J.	27
DURRE, I.	28, 29
EDWARD, D.	30
EUSTIS, E.M.	31, 32

GARCIA MEDINA, A.	33
GILLIGAN, M.V.	34
GODEL, V.	66
GOTTESMAN, M.	73
GRUMAN, D.	35
HART, V.	36
HELDERS, P.J.M.	37
HELIBRUGGE, T.	38, 39
HEWITT, H.A.	40
HOWSE, G.	41, 42
HUMMEL, B.	43
JAGO, R.S.	44
JONATHAN, A.	30
KADMON, H.	45, 46
KAY, L.	47
KAY, N.	47
KITZINGER, M.	68
KRAKOWER, R.G.	48
LAZAR, M.	66
LEVITT, S.	68
M McNULTY, B.	8, 9
MARGALIOH, P.	73
MBA, P.O.	49
MEDALIA, E.	63
MOLACAVAGE, M.	50, 51
MOORE, S.B.	52

<u>Name</u>	<u>Page</u>
NAWRATZKI, I.	53,73
NEILSON, I.	54
NEMET, P.	66
OVADIA, J.	63
PARSONS, S.	55
PENERINI, Y.N.	56
PUCHALSKI, C.	8, 9
RAINE, M.	57
RAUCH, M.	58
ROGOW, S.M.	59
RONEN, S.	53
SATO, C.	60,61
SCHARF, B.	62
SCHOENFELD, A.	63
SCHWARTZ, M.A.	64
SMITH-HIRSCH, G.	65
SOLOMON, A.	66
SONKSEN, P.	67,68
SPIVACK, F.	69,70
STANTON, S.	75
STEPHENS, B.	71,72
STOLLMAN, Y.	73
STRELOW, E.R.	74
TAS, W.	76
TAYLOR-HERSHEL, D.	77
USLAN, M.M.	75

WARE, B.A.	78
WARREN, D.H.	74
WIESENFELD, F.W.	79
WILLS, D.M.	80
YAMADA, Y.	60,61
YARNOTT, A.	81
ZESCHITZ, M.	82,83,84
ROESSING, L.J.	85
MANN, J.W.	86
ABANG, T.B.	87

יום ששי, 19 ביוני 1981

אולם א'

תאור תוכניות 11.00—09.00

יו"ר: ג'יין סקאנדרי, ארה"ב

תפקיד שיתוף הפעולה הבין-מקצועי בשרותי היעוץ להורים לילדים לקויי ראייה מאריאנה בולטגנס, סקוטלנד

התערבות מתוכת מוקדמת
מאתיאס זשניץ, גרמניה

ללמוד להתמודד ולגדול: תוכנית להתפתחות התינוק בבית ובבית-החולים
פרידה ספיבאק, ארה"ב

התיכנון לילדים לקויי ראייה בישראל ע"י משרד החינוך והתרבות
חנה קדמון, ישראל

פרויקט איטלקי להקמת מרכז להתערבות מוקדמת לגבי משפחות עם
ילדים לקויי ראייה
מאסימו קאמפר, איטליה

חינוך ותמיכה בגיל הרך לילדים לקויי ראייה (0—6) ולמשפחותיהם בבלגיה
איליין בונאמי, בלגיה

בעיות של ילדים לקויי ראייה באוסטריה
מריה ראוך, אוסטריה

11.30—11.00 הפסקת קפה

אולם א'

ישיבת נעילה 11.30

יו"ר: שמואל סיגל, ישראל

* סיכומי הסימפוזיון
שרי ריינור, ארה"ב

* דברי סיכום
עמנואל חיגר, ישראל

מתאמת: קרול רוטמן, ארה"ב

1. המדריך הסוני
לסלי קיי, ניו זילאנד
2. התפתחות מוקדמת של מיומנויות
אל ירנוט, ארה"ב
3. הערכה בלתי פורמלית של ראייה ירודה
דניס טיילור-הרשל, ארה"ב
4. רעיונות אמנות ללקויי ראייה
בטי דומינגז, ניו מכסיקו
5. תוכנית לילדים חרשים-עוורים
פמלה אמבר, ארה"ב
6. התפתחות תפקוד חזותי: חומרים ופעילויות
בטי פרסל, ארה"ב
7. שרי בורטנר-מור, ארה"ב
8. פיתוח מערכת תיקשורת רב-חושית לילדים מוגבלים בראייה עם ליקוי
חמור בשמיעה
מרי מולקבגי, גיל בוקסרמן, ארה"ב
9. שקום מוקדם של ילדים בעלי ראייה מוגבלת במכסיקו
אנטוניה גארסיה, מכסיקו
10. שיקום מוקדם של ילדים עוורים באזורים כפריים
ג'יימס מאן, ארה"ב

אולם ה'

ארוחת ערב חגיגת

20.00

(לפי בחירה)

14. תפקיד ההורים

יו"ר: שרונה קומס, ישראל

מנקודת מבטו של הורה

מרי-אן אדמס, ארה"ב

מדוע יש צורך בקבוצת הורים תומכת?

גרטשן סמית, ארה"ב

מעורבות ההורים

מיכאל מנספלד, ישראל

מניעה ודרכי טיפול במניזמים בתינוקות וילדים עוורים רכים —

עיון של אם במבט-לאחור

אינגבורג דיורה, גרמניה

15. תוכניות תומכות מיוחדות

יו"ר: ג'יין סקאנדרי, ארה"ב

הנחיות לטיפול בתינוק כתחום יעוץ ספציפי מכוון להתפתחות

המוטורית של התינוק העוור

פאול הלדרס, הולנד

הוראת מיומנויות התמצאות וניידות לילדים בגיל קדם-ביה"ס בארה"ב

מרק אוסלן, ארה"ב

שרותי יעוץ להורים ושרותי יעוץ חינוכי במוסד המלכותי הלאומי

לעוורים באנגליה

מריאן יוסטיס, אנגליה

שרותי יעוץ ושקום של המרכז לילדים בעלי ראייה ירודה

י. סטולמן, ישראל

15.30—15.00 הפסקת קפה

17.00—15.30 **סדנאות**

פיתוח עזרים דידקטיים לתירגול ואימון בראייה

והתפתחות חושית ותפיסתית

רישה קרקובר, ישראל

מודל תיאורטי של התפתחות חזותית

אן קורן, ארה"ב

יום חמישי, 18 ביוני 1981

אולם א'

הרצאה מרכזית: 10.15—09.00

„בראשית"... השרותים התומכים
קורט קריסטנסן, דנמרק
מנחה: עמנואל חיגר, ישראל

הפסקת קפה 10.45—10.15

דיון בקבוצות 10.45—12.30

יושבי ראש:

מאסימו קאמפו, איטליה
קווין לסארד, ארה"ב
ג'וזפין טיילור, ארה"ב
נתן דיקשטיין, ישראל
מארי קריספ, אוסטרליה
מרי קיף, ארה"ב

הפסקת צהריים 13.30—12.30

ישיבות מקבילות 15.00—13.30

אולם א'

11. עזרים טכנולוגיים

יו"ר: שרי בורטנר-מור, ארה"ב
עזרייחשה בשימוש של ילדים עוורים
לסלי ונורה קיי, ניוזילאנד
למידה תפיסתית אצל ילדים ותינוקות עוורים תוך שימוש בעזרייחשה
אלקטרוניים למרחב
א. סטרלו, ד.ה. וורן, ארה"ב

אולם ב'

12. ברירות חינוכיות

יו"ר: קרול הלידיי, שוויצריה
התווית מסגרות חינוכיות לילדים מוגבלים ונכים
צ'יקאו סאטו, יושינורי ימאדה, יפן
ייעוץ לפני הכניסה לבית-הספר וחינוך משולב באי קריבי
רולי סינת ז'אגו, הולנד
ההתפתחות החברתית והרגשית של ילדים מוגבלים בראייתם ובעלי
מגבלות נוספות
ג'ונדולין האוז, אנגליה
משאבים משפחתיים וקהילתיים
מרגרט בול, אוסטרליה

אולם ג'

13. מערכות תומכות במשפחה ובקהילה

יו"ר: אירנה מרשל, ארה"ב
תהליך ותוצר: פיתוח תכנית חלוצית לשרותים למוגבלים בראייתם באינדונזיה
לארי קאמפבל, פרנסס וויזנפלד, ארה"ב

	סיור בקיבוץ	15.30
	ביקור בבית התפוצות	17.00
	רחצה לילית בבריכת השחייה של הקבוץ	20.30
	הקרנת סרטים מקצועיים :	21.00
אולם ב'	1. כלי הערכה של ריינל זינקין פטרישיה סונקסן, אנגליה	
	2. שלוב בגן ילדים לפי שיטת מונטיסורי תאודור הלברגה, גרמניה	
אולם ג'	3. תכנית שמטרתה לחיות וללמוד איילין איטקן, סקוטלנד	
	4. ילד עוור וילד בעל ראייה תקינה עדנה אדלסון, ארה"ב	
	5. לגדול ללא ראייה קליניקה לילדים עוורים, האמפסטד, אנגליה	
	6. לראות פירושו להאמין ויזואל-טק, ארה"ב	

יום רביעי, 17 ביוני 1981

יום סיורים מקצועיים

ירושלים :

08.00

סיור א'

ביקור במרכז הירושלמי הקהילתי להתפתחות הילד והמשפחה
התכנית תכלול :

1. הדגמות

שעור קריאה באמצעות טלוויזיה במעגל סגור
שעור פיזיותרפיה
התמצאות וניידות : מיומנות קדם-מקל ומקל
שעור כיור בחימר
שעור דידקטי

2. שיחות

השירותים הניתנים ע"י "המכון הירושלמי למניעת עוורון"
השירותים הניתנים ע"י "המרכז הירושלמי לייעוץ ושיקום
הראייה הירודה בילדים" (אביזרים לראייה ירודה)
התכנית ליחידה החדשה לטיפול בילדים לקויי ראייה
ומשפחתם המתוכננת ב"מרכז הירושלמי הקהילתי להתפתחות
הילד והמשפחה"

מתאמת : אילנה גולדפארב, ישראל

חיפה :

סיור ב'

ביקור במרכז "חנה חושי" להתפתחות הילד,
בית חולים רוטשילד, אוניברסיטת חיפה
הביקור כולל: הסתכלות על אבחון של ילדים והדרכה
אינדיבידואלית וקבוצתית, וכן ביקור בגן ילדים רגיל

מתאם : שמואל סיגל

תל-אביב, נתניה :

סיור ג'

בקור בבתי ספר יסודיים רגילים בהם משולבים ילדים עוורים
ולקויי ראייה

1. בית ספר לדוגמא ע"ש הנרייטה סולד, תל אביב

2. בית ספר תחכמוני, נתניה

מתאמת : שושנה גפן

8. 17.00—15.30 **מחקרים לגבי ילדים רכים מוגבלים בראייתם** אולם ג'
 יו"ר: אד סטרלו, ארה"ב
 הערכת החשיבה לפי פיאז'ה בילדים עוורים מלידה ודרכי תיקון
 בט סטפנס, ארה"ב
 התפתחות חזותית בקרב העוורים
 איירין נילסון, סקוטלנד
 היבטים חברתיים הקשורים באיתור וזיהוי הצרכים של הילד העורר והוריו
 יולנדה פנריני, ארגנטינה
9. **שיטות חינוכיות** אולם ד'
 יו"ר: מרגרט בול, אוסטרליה
 הוצרותן של עוויתות (טיקים) והטיפול בהן
 מאת'אס זשניץ, גרמניה
 שיטות לגריית תינוקות עוורים
 אן מרי דה-פוינדלה, ארגנטינה
 פיתוח מיומנויות משחק תיפקודיות בילדים בעלי ראייה ירודה
 בתקופה שלפני בית-הספר
 סנדרה פארסונס, ארה"ב
10. **הכשרת מורים** אולם ה'
 יו"ר: לארי גפן, ארה"ב
 פיתוח תכניות לימוד והכשרת מורים
 דנה גרומן, ארה"ב
 כיצד להכין מורים לילדים לקויי ראייה להעריך את הראייה התיפקודית
 של תינוקות וילדים רכים
 לינדה רוסינג, ארה"ב
 תוכניות להכשרת מורים לעוורים באוניברסיטה
 פיטר מבה, ניגריה, אפריקה
- הדגמה של תכנית חינוך גופני לילדים מוגבלים בראייתם 19.00—17.00
 עדנה מדליה, ישראל
- אולם א' תכנית פולקלור: להקת מחול פולקלור, "צוותא יזרעאל" 21.00

- 15.00—13.30 **4. השפה וההתפתחות השכלית** אולם ד'
- יו"ר: ניקולאס אנסטאסיו, ארה"ב
- קולות ומשמעותם: התפתחות משמעות המילים בשפה של ילדים עוורים רכים
סאלי רוגו, קנדה
- השפה אצל ילדים ללא־ראייה
אסתר ציוולי, איטליה
- התפתחות התיקשורת והשפה בילדים עוורים רכים
קאתי אורווין, אנגליה
- 15.30—15.00 **5. התפתחות חזותית** אולם ה'
- יו"ר: פמלה קורי, גרמניה
- התפתחות חזותית ולמידה
נטלי באראגה, ארה"ב
- פזילה (סטרביזמוס)
מרים דלמיני, סוואזילנד, אפריקה
- 15.30—15.00 **הפסקת קפה**
- 17.00—15.30 **ישיבות מקבילות**
- 6. הערכה ואיבחון** אולם א'
- יו"ר: מיכאל אדוארדס, ניו־זילנד
- שיקום התפתחותי של ילדים עוורים רבי־בעייתיים
תאודור הלברוגה, גרמניה
- הערכה חינוכית של תינוקות וילדים רכים בעלי ראייה חלקית
בתיה שרף, ישראל
- שיטות באיתור עיכובים בהתפתחות
ניקולאס אנסטאסיו, ארה"ב
- 7. היבטים רפואיים** אולם ב'
- יו"ר: עמנואל חיגר, ישראל
- הגורמים לעוורון בילדים, בפינלנד
מוסטונן ריינ, פינלנד
- עוורון קורטיקלי בילדים
א. נברצקי, ס. רונן, ישראל
- היבטים סב־לידתיים של עוורון בילודים
אלכס שיינפלד, ישראל
- סיבוכים בראייה בילד החרש קדם־ביה"ס
אריה סולומון, מ. לזר, פ. נמט, ו. גודל, ישראל

יום שלישי, 16 ביוני 1981

אולם א'	הרצאה מרכזית: „בראשית“... הילד וולפגנג שטיין, גרמניה מנחה: דונה היינר, ארה"ב	10.15—09.00
	הפסקת קפה	10.45—10.15
אולם א'	דיונים אזוריים:	12.30—10.45
אולם ב'	אמריקה	
אולם ג'	אירופה	
אולם ד'	אפריקה ואסיה	
	יבשת אוסטרליה	
	הפסקת צהריים	13.30—12.30
	ישיבות מקבילות	15.00—13.30

1. ההורים והבית

יו"ר: ז'אן סטנפורד, אוסטרליה
איתור צרכיהם של הילד והמשפחה והערכת צרכים אלה
 סם קמפבל, סיירה-לאונה
המשמעות של יעוץ למשפחה
 ווילס טאט, הולנד
איתור והערכה של צרכי הילד והמשפחה
 ד. אדוארד, אלאמו ג'ונתן, הודו
ההורה כתרפיסט ומומחה-השיקום העיקרי
 מ. ורניקה גיליגן, ארה"ב

2. היבטים חברתיים ורגשיים

יו"ר: ווילמה האל, ארה"ב
תקופות של פגיעות ורגישות בהתפתחות
 דוריס ווילס, אנגליה
התנפצות החלומות שטוו ההורים לפני הלידה והשפעתה על
ההתפתחות החברתית והרגשית של התינוק
 בוורלי ווייר, ארה"ב
התערבות לאחר הלידה
 סנדרה בוטשר, ארה"ב

3. השימוש בחושים ובמערכת המוטורית

יו"ר: עדנה מדליה, ישראל
תכנית העשרה שמיעתית המכוונת במיוחד לתינוקות עוורים מלידה
 מרסלה שוורץ, אוסטרליה
כיצד לסייע להתפתחות מוטוריקה-גסה בתינוקות וילדים עוורים
 ורנה הארט, ארה"ב
התפתחות מוטורית של ילדים מוגבלים בראייתם, איתור הגורמים
המעכבים וקווי התכנית-המתקנת
 פטרישיה סונקסן, אנגליה

תוכנית הסימפוזיון

(כל הדיונים והאירועים מלבד אם יצויין אחרת, יתקיימו במרכז הקונגרסים של שפיים)

יום ראשון, 14 ביוני 1981

הגעות

רישום וחלוקת חומר הסימפוזיון למשתתפים	16.00
סיור בקבוץ	17.30
מפגש רעים, באולם הטלוויזיה	21.00

יום שני, 15 ביוני 1981

רישום וחלוקת חומר (המשך) ובמהלך כל ימי הסימפוזיון 08.00

אולם א'

פתיחה חגיגית 12.30—10.30

יו"ר: עמנואל חিגר, ישראל
דברי ברכה:

גבי עליזה בגין, יו"ר הועדה הארצית של השנה הבינלאומית לאדם הנכה
ברוך מודן, מנכ"ל משרד הבריאות

יהודה שיף, מנהל אגף השיקום, משרד העבודה והרווחה

שרי ריינור, נשיאת המכון הבינלאומי לילדים לקויי ראייה

שאול מרין, יו"ר איגוד רופאי העיניים בישראל

חנה קדמון, פקוח ארצי על חינוך עוורים ולקויי ראייה, משרד החינוך והתרבות

הרצאה מרכזית:

„בראשית“... המשפחה

סיריל ליגום, ישראל

מנחה: שרי ריינור, ארה"ב

הפסקת קפה 13.30—12.30

אולם א'

דו"ח אזורי מרחבי העולם 15.00—13.30

יו"ר: הרולד ג. רוברטס, ארה"ב

אפריקה

אירופה

המזרח הרחוק

אמריקה הלטינית

המזרח התיכון

אמריקה הצפונית

אוסטרליה — ניוזילנד

הפסקת קפה 15.30—15.00

דיון בקבוצות 17.00—15.30

יושבי ראש:

מאסימו קאמפו, איטליה

קווין לסארד, ארה"ב

ג'וזפין טיילור, ארה"ב

נתן דיקשטיין, ישראל

מארי קריספ, אוסטרליה

מרי קיף, ארה"ב

אולם א'

21.00 „החיים בקיבוץ“ — הרצאה, הקרנת סרט

ארגון הסימפוזיון

„פלתורס“, ארגון קונגרסים ואירועים בינלאומיים,
רח' אחד העם 28 — ת"א 65141, טלפון: 03-650862

ספר הרצאות נבחרות

ישנה תוכנית להוציא לאור ספר הרצאות נבחרות לאחר הסימפוזיון. בדבר פרטים נא לפנות ל:

Ms. Donna HEINER,
International Institute for Visually Impaired
1975 Rutgers Circle
East Lansing, Michigan 48823
U.S.A.

כל המרצים מתבקשים להגיש 2 עותקים של ההרצאה המלאה למזכירות הסימפוזיון.

סיורים מקצועיים

המעוניינים להשתתף בסיורים המקצועיים ביום רביעי, 17 ביוני, מתבקשים למלא את השאלון בתיק המשתתף ולהחזירו למזכירות הסימפוזיון עד ליום שלישי, 16 ביוני בצהריים.

בנק

התיקים למשתתפי הסימפוזיון ניתנו באדיבות **בנק הפועלים בע"מ**.

מידע — כללי

מקום הסימפוזיון

הסימפוזיון יתקיים במרכז הכנסים והקונגרסים, בית המרגוע של שפיים.

שפת הסימפוזיון

דיוני הסימפוזיון יתנהלו בשפה האנגלית.

תגים

בעת הרישום תקבל מעטפה אישית המכילה, בין השאר, תג הנושא את שמך. המשתתפים מתבקשים לעמוד את התג בכל דיוני הסימפוזיון ואירועיו.

משרד ודוכנים

החל מיום ראשון, 14 ביוני, יפעלו בבית המרגוע שפיים, הדוכנים הבאים:

ירושם, מודיעין, נסיעות ומשרד הסימפוזיון. מס' טלפון: 052-70171
052-70612

כבוד וארוחות

הקפטריה לכבוד קל של בית המרגוע, תעמוד לרשות המשתתפים בשעות היום והערב המאוחרות. ניתן לרכוש כרטיסי השתתפות **לארוחות העיקריות במחיר מוזל** בדוכן המודיעין של הסימפוזיון, לא יאוחר מאשר 24 שעות לפני כל ארוחה.

מחיר כל כרטיס — 80 שקל כולל מ.ע.מ.

מחיר השתתפות **בארוחת הערב החגיגת** ביום חמישי, 18 ביוני: — 110 שקל.

תערוכה

תערוכת ספרים מקצועיים ותקיים ביום שלישי, 16 ביוני 1981, ותוצג ע"י ל. ורבר, תערוכות מקצועיות, רח' טאגור 35, רמת אביב.

דאר והודעות

נא לפנות לדוכן המודיעין.

עזרה רפואית

נא לפנות לדוכן המודיעין.

טלפונים ציבוריים

טלפונים ציבוריים נמצאים ברחבת הכניסה של בית המרגוע — במסדרון המוביל לחדר האוכל. ניתן לרכוש אסימונים בדוכן המודיעין.

תחבורה ציבורית

לתחנה המרכזית בתל-אביב: קו 601 עד שעה 23:00.

ת ו כ ן

5 מידע כללי

7 תכנית הסימפוזיון

תקצירים



סימפוזיון בינלאומי על ילדים עוורים

ת כ נ י ת

השנה הבינלאומית של האדם הנכה

שפיים, ישראל י"ב—י"ז בסיון תשמ"א

19—14 ביוני 1981

סימפוזיון בינלאומי על ילדים עוורים

ת כ נ י ת

השנה הבינלאומית של האדם הנכה

שפיים, ישראל י"ב—י"ז בסיון תשמ"א

19—14 ביוני 1981